

# DANCE4LIFE

REGISTRATION FORM (PLEASE PRINT CLEARLY)

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Any health, medical, or physical conditions? If yes, please explain

\_\_\_\_\_

Have you had previous dance training? If yes, Studio, form of dance and years.

\_\_\_\_\_

How did you hear about DANCE4LIFE? \_\_\_\_\_

Class(es) you wish to register for:

\_\_\_\_ Ballet \_\_\_\_ Jazz \_\_\_\_ Modern \_\_\_\_ Acrobatics \_\_\_\_ Hip Hop \_\_\_\_ Contortion \_\_\_\_ Tap

\_\_\_\_ Adult Ballet \_\_\_\_ Adult Jazz \_\_\_\_ Adult Modern

DO NOT WRITE BELOW THIS LINE

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COVID TESTING (date) \_\_\_\_\_ (result) \_\_\_\_\_

Total Tuition \$ \_\_\_\_\_

Monthly Payment Plan \_\_\_\_\_ 2 Payment Plan \_\_\_\_\_ Full Payment (- )10% \_\_\_\_\_

Total Costume \$ \_\_\_\_\_

Level \_\_\_\_\_

Day/Time of  
Class \_\_\_\_\_