



Season: _____

Signup Date: _____

New Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Guardian: _____ Relation: _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Primary Email Address: _____

Primary Billing Phone # _____

Medical

Allergies: _____

Known Medical Conditions: _____

Will your child require any special medical attention during a normal class: (yes/no)

If yes – Explain: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Classes Class Name Day & Time Minutes Fees

Registration Fee: _____ Recital Fee: _____ Date Paid: _____

Tuition: _____ Costume Fee: _____ Date Paid: _____

Discounts: _____ Comp Fees: _____ Date Paid: _____

Total Monthly Tuition _____

Measurements

____ Height ____ Tights Size ____ Girth ____ Hip

____ Shoe Size ____ Inseam ____ Bust ____ Waist

Legal Release and Policy Acceptance - I/we have read and understand the attached Liability waiver and Acknowledgement of Risk form, Studio Policies, my billing obligations, my responsibilities for my property, the dress code, the schedule, Code of Conduct, and attendance policy. By signing below I confirm that I

have read, received, and consent to abide by all of the above listed policies.

Signature / Responsible Party: _____ Date: _____

– Recorded Paid in full On hold Processed by: _____

Special

Notes: _____