



REGISTRATION FORM

DATE: _____

STUDENT INFORMATION

SESSION: _____

Name _____ Home Phone _____

Address _____ Date of Birth _____ Age _____

City/State/Zip _____ Female _____ Male _____

Academic School _____ Grade _____

PARENT INFORMATION

Name _____ Home Phone _____

Address _____ Email _____

Cell Phone _____ City/State/Zip _____

PERSON RESPONSIBLE FOR BILLING, IF DIFFERENT FROM ABOVE

Name _____ Home Phone _____

Address _____ Work Phone _____

City/State/Zip _____

EMERGENCY CONTACT INFORMATION

Name _____ Home/Work/Cell Phone _____

Address _____ Relationship _____

Please list all medical conditions, including current medications. Also list any learning or other special considerations/circumstances Danceology should be aware

of _____

If new, how did you hear about Danceology?
