



Fall 2017 Enrollment Form

Student Name: _____

Age: _____ Birthdate: _____

NEW: _____ or Veteran: _____/yrs at studio

Parent/Guardian name (s): _____

Dance Experience? (Where, type of dance, how long?)

Classes interested in:

Any injuries/allergies that The Studio should be aware of?

Phone number (home): _____ Cell: _____

Best Email for communication: **(required)**

Emergency Contact Name: _____

Relation: _____ Phone: _____

(For new students) How did you hear about The Studio?

*I have read and understand the Rules and Policies of The Studio _____(initial)

*I understand the contract regarding tuition owed for the year _____(initial)

*I have either the app/facebook followed or check email above _____(initial)

For office use below:

_____ Liability form _____ tuition total cost _____ contract _____ photo form

_____ entered in system _____ email added _____ invoice created _____ bday