

**Student Registration**

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age this Sept. \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please check preferences below:

**1 HOUR SUBJECTS**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ballet                   | <input type="checkbox"/> Tap               | <input type="checkbox"/> 3-8 yr. old Tap, Ballet, Tumbling |
| <input type="checkbox"/> 9-12 yr. old Ballet/Jazz | <input type="checkbox"/> Tumbling          | <input type="checkbox"/> Boys – Tap/Jazz/Tumbling          |
| <input type="checkbox"/> Jazz                     | <input type="checkbox"/> Adult Tap         | <input type="checkbox"/> Pilates                           |
| <input type="checkbox"/> Ballet/Pointe            | <input type="checkbox"/> Adult Ballet/Jazz | <input type="checkbox"/> Voice                             |

**1 ½ HOUR SUBJECTS**

- |   |  |
|---|--|
| <input type="checkbox"/> Tap/Ballet/Jazz        | <input type="checkbox"/> Tap/Ballet/Jazz/Tumbling                      |
| <input type="checkbox"/> Ballet/Jazz/Pre-pointe | <b><u>2 HOUR</u></b> <input type="checkbox"/> Tap/Ballet/Jazz/Tumbling |

Experience \_\_\_\_\_ year Prior Studio \_\_\_\_\_ Prior teacher \_\_\_\_\_

Notes: \_\_\_\_\_

**Medical Information:**

Please list any student difficulties (asthma, seizures, ADD...)

\_\_\_\_\_

List any regular medications: \_\_\_\_\_

