

**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                             |
| <input type="checkbox"/> Hip Hop                  |                                            |                                                            |

**1 1/2 HOUR SUBJECTS**

- Tap/Ballet/Jazz
- Tap/ Jazz

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

**What day(s) will NOT work?** \_\_\_\_\_ **Preference** \_\_\_\_\_

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

**Medical Information:**

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

\_\_\_\_\_

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

