

*Joan's Studio Of Dance*

*110 S. Gay Street*

*Susanville, Ca 96130*

*(530) 257-3197*

Student Name \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph. \_\_\_\_\_ WrkPh \_\_\_\_\_ Cell \_\_\_\_\_

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

Employment \_\_\_\_\_

Father's Name \_\_\_\_\_

Employment \_\_\_\_\_

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

Babysitter \_\_\_\_\_ Phone \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Health Problem or Medication \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Class \_\_\_\_\_

Monthly Rate \_\_\_\_\_

Paid \_\_\_\_\_