



STUDIO OF DANCE



REGISTRATION FORM

110 S. Gay Street | Susanville, CA 96130 | 530.257.319

Student Full Name	Birth Date	Age	School Attending Grade

Payee Last Name: _____ First Name: _____

Billing Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Mother/Guardian Name: _____ Employment: _____

Father/Guardian Name: _____ Employment: _____

Babysitter: _____ Phone Number: _____

Student	Food Allergy	Health Problems Meds	Med Ins. Co

Student	Previous Dance Experience	Class 1	Class 2	Class 3	Class 4	Total \$

Total Class Rate _____

Date



Parent/Guardian Signature