



**STUDENT REGISTRATION FORM FALL 2018**  
**12 Week Session October 2<sup>nd</sup>-December 18<sup>th</sup>**  
*Questions? Please email Cindy at [info@triangledance.com](mailto:info@triangledance.com).*



Please select one:

- Basic Class for Ages 4-6 (Creative Dance) Tuesday 5:30-6:00 pm \$100
- Intermediate Class for Ages 7+ Tuesday 7:00-7:30 pm \$100

Student's Name		Birthdate		
Guardian 1 Name		Relationship to Student		
Guardian 1 Mailing Address (Street or PO)				
City	State	Zip		
Guardian 1 Cell Phone	Guardian 1 Email Address			
Guardian 2 Name		Relationship to Student		
Guardian 2 Mailing Address (Street or PO)				
City	State	Zip		
Guardian 2 Cell Phone	Guardian 2 Email Address			
Current Diagnosis/Treating Therapist/Teacher (Optional)				
Please let us know anything that will help our staff provide the best possible learning experience for your student (sensitivities, developmental goals, behaviors, what helps self-regulation, etc.) Attach a separate sheet if necessary.				
Credit Card (Visa/MC/Discover only)	Exp. Date	CVV	Billing Zip	Amount
Name on Credit Card	Signature			

**Return by mail or email:**

Triangle Dance Center, 381 Triangle Road, #7, Hillsborough, NJ 08844 • [info@triangledance.com](mailto:info@triangledance.com)  
 Please make checks payable to Triangle Dance Center.