



Summer Registration Form

Student's Last Name _____ Student's First Name _____

Student's Birthdate _____ Student's Grade _____ Parent's Name _____

Daytime Phone Number _____ Evening Phone Number _____

Street Address _____ City _____ Zip _____

E-mail Address _____

Class Day and Time

PRESCHOOL: _____ KINDERGARTEN: _____

BALLET/TAP: _____ JAZZ: _____

POMS: _____ BALLET: _____

TAP: _____ LYRICAL: _____

HIP HOP: _____ STRETCH TURN & LEAP: _____

COMPETITION: _____ COMPETITION STRETCH TURN & LEAP: _____

ADULT JAZZ/TAP: _____ ADULT HIP HOP: _____

Total Tuition: _____

Pd: Cash/Check: _____

Date Paid: _____