

ARMSTRONG

\$30
Fee

School of Dance: Ballet – Tap - Jazz – Hip Hop – Lyrical – Pointe

Student Name _____

Age ____ Birthdate ____/____/____ Grade (Aug. 2020) _____ School _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Best phone # to reach parent: _____

Phone #(s) for BAND(*free communications app*): _____

Important Medical Information _____

Who, if the parent is not available, should be notified in case of emergency?

Name _____ Phone(s) _____

CLASS CHOICES *(Please visit www.armstrongschoolofdance.com exact days & times, YOU must complete this section for your form to be processed, We WILL NOT fill it out for you.)*

Name of Class	Day	Time

T-SHIRT SIZES *(This is for the student, Please double check their size before circling one)*

YXS YS YM YL YXL AS AM AL AXL

Your spot will be reserved once your \$30 fee is paid & BOTH sides of this application are completed & signed. ALL outstanding balances must be settled before your registration will be processed! Thank you!