

**Dance Me**

**2018/2019 Fall Registration Form**

**DATE SUBMITTED:** \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email addresses \_\_\_\_\_

Classes to be registered into:

Circle One OR More:                      Niskayuna                                      Glenville

If you are taking multiple classes or at both locations please feel to attach a highlighted schedule.

Class Name(s)/days/times/locations:

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