

# Lorna Sherer Studio of Dance

## Student Registration Form

### Student Information

Name:		Date of Birth:	
Class day(s) and time(s) selected:			
Name:		Date of Birth:	
Class day(s) and time(s) selected:			
Name:		Date of Birth:	
Class day(s) and time(s) selected:			
Lives with:			

### Parent Information

Name:									
Address:		City/State/Zip:							
Home Phone #:		Spouse Name:							
Cell Phone #:		Spouse Cell #:							
Work Phone #:		Spouse Work #:							
e-mail address:		Spouse e-mail:							
Driver's License #:		Spouse DL#:							
How did you become aware of our dance studio?				Studio Sign:		Event:		Web site:	
Newspaper Ad:		Friend/Family (name):				Other (list):			
In case of emergency and you and your spouse are not available, who may we contact?									
Name & phone #:						Name & phone #:			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you,  
Lorna Sherer

2017-2018