



Studio Dance of Johnson City

REGISTRATION FORM

Student's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Present Age: _____ Grade Entering: _____

School: _____

Parent Name(s): _____

Parent's Email Address: _____

Parent Phone Number: _____

Emergency Contact and Phone: _____

Medical conditions we should be aware of? If yes, please specify: _____



Please read and sign below:

I understand that tuition is due the first class of the session, and any tuition payments that have been made are non-refundable. Any payments made after the first class of the session are considered late and charged a \$5.00 late fee.

Parent/Guardian Signature: _____

Date: _____