

REGISTRATION FORM PRINT WITH BLACK OR RED INK. INCLUDE ALL FORMS.

2021|2022

Founder and Director Jean-Hugues Feray

Student Name:		DATE :/	
Address:		ST: ZIP:	
Home Phone: Student Cell:			
Student Email: Med	dical Conditions:		
Emergency Contact:	Phone:		
FOR STUDENTS ONLY			
Date of Birth:// Age: School:	Grad	de:	
Previous Dance Training at:	Other:		
Mother's/Fathers Name(s):			
Work Name and Phone #:	Cell #: _		_
Email/Mother: Ema	ail/Father:		
 A credit card number will be required and placed on file at the upon request. The credit card will be charged after the 5th, if tuition hasn't school year, or stops attending classes for a while and comes back 	time of registration. Automatic payment been paid to avoid late fees. If a studen within the same School year, you agree to	nt discontinues attending before the o give the administrative staff a full r	end nonth
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