



2703-B George Washington Memorial Highway
Yorktown, Virginia 23693
elevedance@cox.net

REGISTRATION FORM

*A separate form must be received for each student.
Please attach registration fee of \$50.00 to completed registration form
Registration fees are nonrefundable*

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DATE _____

STUDENTS NAME _____ AGE _____

DATE OF BIRTH _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ ALTERNATE PHONE/CELL _____

EMAIL ADDRESS (please print clearly) _____

YEARS OF DANCE TRAINING COMPLETED? _____ YEAR FIRST ATTEDED DANCE SCHOOL _____

CIRCLE DISCIPLINES STUDIED **BALLET TAP JAZZ LYRICAL MODERN HIP HOP OTHER**

ACADEMIC SCHOOL ATTENDING IN THE FALL _____ GRADE _____

PREFERRED DANCE CLASS DAYS/TIMES FOR CLASSES BEGINNING IN SEPTEMBER

How did you hear about us? From a friend Facebook/Instagram Our Sign Other _____

MOTHER'S NAME _____ FATHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

EMPLOYERS' NAME _____ EMPLOYERS' NAME _____

WORK PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ PHONE _____

I have read, understand, and agree to the studio's policies and procedures listed in the policy agreement

PARENT'S SIGNATURE _____