



Dance Academy of Santa Rosa, Inc. 6564 Caroline St – Milton  
www.danceacademyofsantarosa.com

Student's name: \_\_\_\_\_

Parent/Legal Guardian's name: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Student's D/O/B: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell phone#: \_\_\_\_\_

Work Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Previous Dance History:

\_\_\_\_\_

\_\_\_\_\_

Student's School, if attending: \_\_\_\_\_

Class(es) desired- Title of Class #1: \_\_\_\_\_

Day of Class: \_\_\_\_\_

Time of Class: \_\_\_\_\_

Title of Class #3: \_\_\_\_\_

Day of Class: \_\_\_\_\_

Time of Class: \_\_\_\_\_

Title of class#2: \_\_\_\_\_

Day of Class: \_\_\_\_\_

Time of Class: \_\_\_\_\_

Title of Class #4: \_\_\_\_\_

Day of Class: \_\_\_\_\_

Time of Class: \_\_\_\_\_

Title of class #5: \_\_\_\_\_

Day of Class: \_\_\_\_\_

Time of Class: \_\_\_\_\_

Title of Class #6 \_\_\_\_\_

Day of Class: \_\_\_\_\_

Time of Class: \_\_\_\_\_

Title of class #7: \_\_\_\_\_

Day of Class: \_\_\_\_\_

Time of Class: \_\_\_\_\_

Title of Class #8 \_\_\_\_\_

Day of Class: \_\_\_\_\_

Time of Class: \_\_\_\_\_

\*If taking additional classes, list on back.

\*Classes are upon teacher's approval.

- There will be a \$20.00 one (1) time registration fee per student collected for our fall session. A registration application and a hold harmless waiver must be signed before student's admission into classes.