

Registration for The Ballet Studio

Today's Date _____

Welcome!! How did you find out about The Ballet Studio?

Student's Name _____

Student's Age _____ Student's Birthdate _____

Student's Parent's Name(s) _____

Street Address _____

City, State and Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

E-mail address (for announcements/reminders) _____

Has the student danced before? Yes / No How long _____

Type of Dance _____

Is the student in high school? Yes / No Is the student in College? Yes / No

Is the student a professional dancer or teacher? Yes / No

Does the student have any specific dance goals? _____

Does the student have any health issues, which the teachers should be made aware of such as medications being taken, previous or current problems with back, knees, ankles, feet, etc.? Yes / No

If Yes - Please describe _____

Emergency Contact _____

Emergency Phone Number _____