



Registration Form

Student No. 1 Information

Name:	Birth date:	Age:
School:	Grade:	
How many years have you been dancing?		

Student No. 2 Information

Name:	Birth date:	Age:
School:	Grade:	
How many years have you been dancing?		

Student No. 3 Information

Name:	Birth date:	Age:
School:	Grade:	
How many years have you been dancing?		

Parent Information

Name:	Home Phone #:
Address:	Work Phone #:
City:	Mobile Phone #:
Zip Code:	E-Mail Address:

How did you hear about us?

We would like to support our studio families so if you want to share your occupation with us please do!

Emergency Contact Information

Name:	Home Phone #:
Mobile Phone #:	Work Phone #:

Classes

Name of class	Day and Time

All-Starz Dance Studio Waiver:

I understand that I have enrolled my child in All-Starz Dance Studio under normal supervision, and I will not hold responsible any instructor, owner, or operator of said studio for any accident and further agree to hold harmless the owner or operator of the premises on which said studio may conduct classes. Photo Release: The studio is hereby granted permission to take photographs of the students to use in brochures, web sites, advertisements and other promotional materials the studio creates. Permission is also hereby granted for the school to copyright such photographs in its name.

_____ (PARENT'S SIGNATURE) _____ (DATE)

Monthly Fee: \$_____

Date	Amount	Cash	Check #	Month	Balance
				Registration \$25 (Per Family)	
				Recital Fee \$75 (Per Student)	
				August	
				September	
				October	
				November	
				Costume Deposit (half)	
				Costume Balance	
				December	
				January	
				February	
				March	
				April	
				May	
				June	

Miscellaneous purchases/comments:

_____Date started class

revised 6/9/16