

Registration Form



Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home phone) _____ Cell _____

Email _____

Age _____ Grade _____ D.O.B. _____

Please check below all classes you are interested in studying:

- Tap
- Ballet
- Lyric
- Hip Hop
- Jazz
- Irish
- Tiny Tot Princess Ballet
- Preschool Tap

- I do have experience in the classes I have chosen

No of years experience _____

Where _____

- I do not have experience in the classes I have chosen

In order to help with scheduling your child please note below if there is a specific day or time that you cannot attend dance class or if there is anything we may need to know about your child.

Notes