

Dance Evolutions

crawl....Walk....Dance!!

2010-11 Registration

1. Students Name _____ Gender M _____ F _____

Date of Birth _____ Age _____ Phone Number _____

Address _____
(Street) (City/State) (Zip)

2. Mother's Name _____ DL.# _____

Mother's Home # _____ Cell# _____

Place of Employment _____ Work# _____

Employment Address _____
(Street) (City/State) (Zip)

3. Fathers Name _____ D.L.# _____

Father's Home# _____ Cell# _____

Place of Employment _____ Work# _____

Employment Address _____
(Street) (City/State) (Zip)

E-mail address _____ (for newsletter)

Emergency Contact _____
(Name) (Phone)

Dance Training (Indicate How Many Years)-

Ballet _____ Pointe _____ Jazz _____ Modern _____ Hip Hop _____ Tap _____

Please indicate class's desired _____

How did you hear about us? _____

Childs School _____ Siblings attending _____

****Any Allergies or Medical Concerns** _____

I have read the policies and procedures and agree to terms

X _____

(Must be signed by Parent or legal guardian if student under 18 years of age)

A non refundable registration fee of \$ 35.00, payable to Dance Evolutions Inc. must accompany this form.

(For office use)

Date of registration _____ Placement _____ Class date/time _____

Tuition\$ _____ Registration\$ _____ Paid by _____