

Class Registration Year: _____
Circle One: Fall Summer

Student Name: _____ Age: _____ Birth date: _____
 Address: _____ Phone: _____
 City _____ Zip _____ Years in dance: _____

For students 18 years old and younger parent or legal guardian information required.

Father's Name: _____ Mother's Name: _____
 Address: _____ Address: _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____
 E-mail: _____ E-mail: _____

Emergency Contact: (Name and Phone): _____

How did you hear about Footsteps Dance Studio? _____

Day of Week	Time	Dance Style	Level	Studio #	Class Length
Example: Thursday	4:30-6:00	Ballet	2	1	1 hr 30 min

Total Hours/Minutes Per Week: _____

THERE ARE NO REFUNDS ON REGISTRATION FEES OR TUITION AT ANY TIME

Please sign the back – Thank you!

Office use only:
 Tuition per month: _____ Reg. Fee: _____ Discounts: _____ Initials: _____
 Pro-rated tuition: _____ Total due: _____ Date: _____ Cash: _____ Check #: _____
 Tuition Book: Database:

