



2019 – 2020 Student Registration Form

Student's Name: _____

Date of Birth: _____ Age: _____

Grade in School _____ Year in Dance _____ ___Studio on Main
that student is entering:_____ that student is entering:_____ ___Other

How many years have you studied:

Ballet _____ Pointe _____ Jazz_____ Hip Hop _____ Tap _____

Parents' Names: _____

Address: _____

Home Telephone Number: _____

Cell Phone Number: _____

Work Telephone Number: _____

E-Mail Address: _____

In Case of Emergency

Please Notify: _____
Name Relationship to student

Emergency Contact Telephone Number: _____

If we cannot reach the above contact, please list someone else we can notify:

Name Relation to Student Phone

Where did you hear about The Studio on Main?

Please list any physical problems that might interfere with your student's participation in the class:

I have read and reviewed the Studio newsletter and understand all information listed regarding policies, rates, etc. I agree not to hold The Studio on Main or persons involved with the Studio liable for any damages that may occur.

I give my permission for photographs of my dancer to be used in advertising or on The Studio on Main website.

Signature

Date

Pamela Hibbert - Director