



Steppin' Up School of Dance

2011- 2012 Registration Form

Personal Information

(please print)

Date: ____ / ____ / ____

Student's

Full Name: _____ Sex: **M** **F** DOB: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

E-mail Address for all communications: _____

Mother's Name: _____ Cell Phone #: (____) _____ - _____

Father's Name: _____ Cell Phone #: (____) _____ - _____

Guardian's Name
(if applicable): _____ Phone #: (____) _____ - _____

How did you hear about us?: _____ Previous Dance Experience: _____

Emergency Contact Information

(please print)

Name: _____ Phone: (____) _____ - _____ Relationship: _____

Name: _____ Phone: (____) _____ - _____ Relationship: _____

List any Health Concerns such as allergies, asthma, back problems, etc... : _____

Release & Acknowledgement

I hereby release Steppin' Up School of Dance and/or their instructors from liability in connection with any injury sustained while on studio premises. I hereby acknowledge receipt of the Steppin' Up School of Dance Handbook and agree to abide by its terms and conditions including but not limited to my financial responsibilities.

Parent/Guardian Signature: _____

For Office Use Only

Class 1: _____ Days: _____ Time: _____ Tuition \$: _____

Class 2: _____ Days: _____ Time: _____ Tuition \$: _____

Class 3: _____ Days: _____ Time: _____ Tuition \$: _____

Class 4: _____ Days: _____ Time: _____ Tuition \$: _____

Class 5: _____ Days: _____ Time: _____ Tuition \$: _____