Registration Form – PLEASE PRINT

Registration Date: _____

Student's Name _____
Last **First** **Middle**

Age _____ **Date of Birth** _____/_____/_____

Name of Parent or Guardian_____

Address _____ **City** _____ **State** _____ **Zip** _____

Daytime phone (_____)_____ **Evening phone (_____)**_____

Cell Phone (_____)_____

Email Address_____ **@** _____.____
Regular correspondence is sent via email. Please provide MCDF with an active email address.

Emergency Contact (other than person listed above)

Name _____ **Cell Phone (_____)**_____

Previous Dance Experience _____

Yrs of Dance ____**Classes Taken at Other Dance Studios** _____

Does the student have any known medical conditions that could interfere with physical activity?
Yes / No – If yes, please explain: _____

FOR OFFICE USE ONLY

CLASS	DAY	TIME	COST
1.			
2.			
3.			
4.			
5.			
6.			

Tuition $_____ **Less Discount** $ _____ **Tuition Total** $_____

Registration Fee $_____ **Date Paid** _____