

# SHANA'S DANCE STUDIO 2017-2018 REGISTRATION FORM

Student Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Medical Condition: \_\_\_\_\_

How did you find out about our Studio: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

\$25.00 Registration Fee: \_\_\_\_\_ Monthly Tuition: \_\_\_\_\_

Additional Dancers from same family (discount): \_\_\_\_\_

Additional Information: \_\_\_\_\_

## **\*\*OPTIONAL AUTOMATIC MONTHLY WITHDRAWL\*\***

Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

**\*\*Late Fees will be enforced – Thank you : )\*\***