

SHANA'S DANCE STUDIO 2016-2017 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 :)****