

**BROADWAY SOUTH DANCE STUDIO REGISTRATION FORM**

Student Name					
Address			Neighborhood:		
City		State		Zip Code	
Home Tel #		Cell Tel #		Work Tel #	
Email:			Would you like to receive the school newsletter via email? Yes No		
Name: Parent/Guardian #1					
Occupation:					
Name: Parent/Guardian #2					
Occupation:					
In case of emergency, please notify:					
Emergency telephone					
Student's age (as of 9/1/2012)			Birth Date		
Classes (to be filled out by Office Manager):					
Class name:                      Day:              Time:					
1.					
2.					
3.					
4.					
Previous training? Please list past experience in dance (include styles of dance and number of years)					
Name of previous dance school:					
Any health or physical restrictions?					
Which days would you prefer that your child attend classes?					
Weekday		Saturday		Either	
How did you hear about our school?					
Newspaper	Road Sign	Phone Book	Mailer	Web site	Word of Mouth
Friend Friend's name:				Other - please specify	

BY SIGNING BELOW, I STATE THAT I HAVE READ ALL STATEMENTS AND POLICIES IN THEIR ENTIRETY, AND I UNDERSTAND, AGREE WITH AND SUPPORT ALL POLICIES, RULES AND REGULATIONS OF BROADWAY SOUTH DANCE STUDIO AND STATE THAT I AM SOLELY RESPONSIBLE FOR ALL PAYMENTS DUE ACCORDING TO THE REGISTRATION/ENROLLMENT FORM. IF A CLASS IS DROPPED, I MUST TURN IN A DROP CLASS FORM OR I WILL CONTINUE TO BE BILLED FOR ENROLLED CLASS/ES. IN ADDITION, MY/MY CHILD'S PHOTO MAY BE USED FOR PROMOTIONAL PURPOSES.

STUDENT'S PARENT OR STUDENT 18 AND OLDER(PLEASE SIGN): \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_