

Class Registration Form

Category (Check all that applies)

Ballet _____ Time(s) _____ Day(s) _____

Tap _____

Number of classes per week _____ Tuition per Month _____

Student's Name _____ Age _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Emergency _____

Parent's Name _____ Employer _____

Student's Previous Training _____

Any Allergies or Medical Problems _____

Email Address (Parent's) _____

Person's Name Responsible for Tuition Payments _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Work _____

Employer _____

Work Address _____

City _____ State _____ Zip _____

SSN _____

**Registration Form must be filled out in its entirety (For Legal and Insurance purposes).
This is a legal contract between Parent/Guardian/Student over 21 and the Conservatory of
Dance, Ltd.**