

**CLASSIC TAP DANCE STUDIO
STUDENT REGISTRATION FORM**

1. STUDENT'S NAME: _____
2. PARENT(S) FIRST & LAST NAME(S) _____
3. ADDRESS _____
4. CITY _____ 5. STATE _____ 6. ZIP _____
- EMAIL _____
7. STUDENT'S BIRTH DATE _____ 8. CURRENT AGE _____
9. HOME PHONE _____ 10. STUDENT WORK PHONE _____
11. FATHER'S WORK PHONE _____ 12. MOTHER'S WORK PHONE _____
13. EMERGENCY CONTACT PERSON
NAME _____ PHONE _____
RELATIONSHIP _____
14. PREVIOUS DANCE TRAINING: (type of classes, how long, etc)

15. FATHER'S EMPLOYER _____
16. MOTHER'S EMPLOYER _____
17. STUDENT'S PHYSICAL LIMITATIONS OR DISABILITIES WHICH MAY BE AFFECTED BY A DANCE OR EXERCISE PROGRAM, PLEASE SPECIFY _____

18. HOW DID YOU HEAR ABOUT CLASSIC TAP DANCE STUDIO? PLEASE CHECK ONE:
PHONEBOOK _____ NEWSPAPER _____ FRIEND (name) _____
OTHER _____

I, the undersigned, do agree that I am responsible for any and all debts incurred by the above named student at Classic Tap Dance Studio. I accept the tuition and payment policies as stated on the "Financial Terms and Conditions page attached to this form.

19) SIGNED _____ 20) DATE _____

Must be signed by the person responsible for payment of student's tuition. Person whose signature appears must be over 18 years of age.