

**Celebration Street Performing Arts
Dancer Registration Form 2009/2010**

Date _____ [] New Student [] Returning Student [] Sibling of Returning Student

Student's Full Name _____ Prefer to be called _____

Age _____ Date of Birth _____

How did you hear about us? _____ If referred, who may we thank? _____

Mailing Address and Home Phone

Email address - We send studio updates, along with newsletters electronically

School Presently Attending _____ Grade _____

Dance Education _____

Mother/Guardian _____ Address _____

Place of Employment _____

Phone (home) _____ Work _____
Cell _____

Father _____ Address _____

Place of Employment _____

Phone (home) _____ Work _____
Cell _____

Is there anything special we need to know about the student? _____

Allergies or Medical
Conditions _____

Learning/Behavioral/Handicaps _____

Emergency Information:

Name: _____ Phone _____

Name: _____ Phone _____

Office Use Only: Rcvd \$ _____ Cash _____ Check # _____ Date: _____

Reg Fee _____ Tuition _____ Costume _____

Sibling Discount _____ Monthly Tuition to be billed to account _____

Siblings as students _____

Class Choices:

