CLASS ACT

a center for dance.

<u>Please print clearly</u>					
Student Name:			Full Birth	n Date:	
Full Address:			Age: (too	day)	
			Home Ph	one:	
Parents Names:			Work Phone:		
Emergency Contact:			Cell Phone:		Texts?
Credit Card #:					
Security Code: Recital Fe			ee (check one): Monthly 2 payments		
Email Address: Important paperwork throughothat here:	out the year will be se	nt by emo	ail. If you would like	to be contacted and	other way, please list
Any Medical Conditions/Allergie	es or Medications?				
Schools previously trained with and how long?					
How did you hear about us? (cir	cle one) Current st	udent	Facebook	Instagram	Friend
	94.5WPST	-	Internet search	Advertisement	Walk by
Classes: check level/age	Creat.Move 21/2/4 Level 3 11/13		Intro 5/6 Level 4 14-UP	Level 1 7/8 Level 5 Advanced	Level 2 9/10
Tap					
By Signing below, I hereby agree the policies in the handout. I rele					
Signature of Parent or Guardio	an:			Date	e: