



Registration Form

Parent's Name _____ Date _____

Students _____ Age _____ Birthdate _____

Name(s) _____ Age _____ Birthdate _____

_____ Age _____ Birthdate _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone (Mom) _____

Cell Phone _____ Work Phone (Dad) _____

Email address _____

Student's School _____ Grade _____

Previous years of dance training Ballet _____ Jazz _____ Modern _____

Tap _____ Pointe _____ Other _____

Does student wear glasses or contacts? yes no

List any physical disorders or injuries (weak ankles, knees, hyperactivity, etc.) _____

Signature _____

3'N Motion Dance Studio DOES NOT mail out statements. If you request special billing, please fill out below.

Name _____ Relationship _____

Address _____ Zip _____ Phone _____

For studio use only	
Name/Day	Class level assigned
_____	_____
_____	_____
_____	_____
Registration fee _____	cash _____ ck. # _____
Monthly rate _____	date _____