

BECKY'S DANCE STEPS STUDIO

Student's Name _____ **Home Phone** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Date of Birth _____ **Age** _____ **Grade** _____ **School** _____

Billing Address (if different) _____

Mother's Name _____ **Father's Name** _____

Employer _____ **Employer** _____

Work Phone _____ **Work Phone** _____

Cell Phone _____ **Cell Phone** _____

E-mail Address - Mother _____

E-mail Address – Father _____

Emergency Contact (other than parents) _____ **Phone** _____

- Classes Desired** - Tiny Dance (age 3) Kinderdance (ages 4 & 5)
 Ballet Tap Jazz Pointe Dance Competition Team

Previous Dance Training _____

Number of Years _____ **Where** _____

After School Activities / Schedule _____

List Others Authorized to Transport Your Child to and from the Dance Studio

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

SIGNATURE _____ **DATE** _____