



Registration Form

Fall Classes

Name: _____ Age: _____ DOB: ___/___/___

Guardian's Name: _____ Home Phone Number: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Previous Dance Experience: _____

How did you hear about us? _____

Please mark the classes of interest:

- Creative Movement Ballet/Tap Combo (3-7) Jazz (6-8)
- Ballet Technique (8-Adult) Pointe (12-Teen) Jazz (13-Teen)
- Tap (7-Adult) Tap/Jazz Combo (7-Teen) Hip Hop (6-Adult)
- Lyrical (13-Adult) Acrobatics (4-Teen) Stretch & Tone

Please mark any conflicting days or times:

- Monday Tuesday Wednesday Thursday Friday

I have read Stardance Performing Arts handbook and will hereby abide by the policies and procedures stated.

Guardian's Signature: _____ Date: _____