SPOTLIGHT STUDIO OF DANCE
2018-2019 REGISTRATION FORM

Today's date:	Parent:

STUDENT INFORMATION

Student last name: First: Middle:	Sex: ❑ M ❑ F	Age:	Birth date: / /
Street address:	Cell number:		Home number: ( )

P.O. Box:	City:	State:	ZIP Code:

Parent Cell Number:	Parent Email address:	Parent Work Number:

Chose studio because/Referred by (please check one box): ❑ _____ ❑ Employee/Staff ❑ Friend
❑ Family ❑ Competition ❑ Studio website ❑ Internet search ❑ Other

Other family member(s) here:

CLASS INFORMATION

If your student is on company, please list their level:

Class Time: i.e. 4:30-5:30	Day	Class Description/Name	Teacher or Level

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )

If I or the designated alternate cannot be reached in case of an emergency, I give permission to Spotlight Studio of Dance staff to secure emergency medical treatment.

I certify that I am the parent or legal guardian of the student(s) and I have the legal authority to make the representations and grant the authorizations contained herein. I agree to authorize Spotlight Studio of Dance personnel to provide instruction for my child. I also understand and agree to the financial obligations and enrollment terms established by Spotlight Studio of Dance. I understand that I will incur a $25 returned check fee for all returned checks and credit card charge backs and all payments are non-refundable.

Patient/Guardian signature *Date*