

# Dream Dance Academy LLC Enrollment Form

To register, simply return the completed form below with the non-refundable registration fee. \$10 per family for returning students. \$20 per family for new students.

**One child per form please - PLEASE PRINT**

Date: \_\_\_\_\_

## STUDENT INFORMATION:

How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Grade AS OF This Fall: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Allergies and/or medical conditions we need to know about:

\_\_\_\_\_ Siblings Enrolled in Dance: \_\_\_\_\_

## Guardian 1 INFORMATION:

Circle One: Mother Father Other: \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Guardian 2 INFORMATION:

Circle One: Mother Father Other: \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please fill out your classes below:**

Class Title: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Class Title: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Class Title: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Class Title: \_\_\_\_\_

Day/Time: \_\_\_\_\_

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Class Title: \_\_\_\_\_

Day/Time: \_\_\_\_\_