

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: _____ School: _____

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: _____

CONTACT #1 INFORMATION:

Circle One: Mother Father Other: _____

Name: _____ Work Phone: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

CONTACT #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: _____

Class Title: _____

Day/Time: _____

Class Title: _____

Day/Time: _____

Class Title: _____

Day/Time: _____

Class Title: _____

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Class Title: _____

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