

World Dance n Arts Registration Form

Student Full Name _____ Age _____

Birthdate _____ School _____ Grade _____

Student # 2 Full Name _____ Age _____

Birthdate _____ School _____ Grade _____

Primary Phone # _____ Cell Phone # _____

Parent # 1 Name _____ Phone # _____

Parent # 2 Name _____ Phone # _____

E-mail Address (Used to send all WDA info.) _____

Address _____

City _____ Zip _____

Emergency Contact Name _____ Relation _____

Emergency Contact Phone # _____

Any important medical concerns that we should know about? _____

Insurance Co. _____ Policy # _____

Previous Experience _____

Classes you would like? _____

(Circle)

Days Preferred = Mon Tues Wed Thurs Fri Sat Sun **Times Preferred** = 9am-10am-11am-12-1pm-2-3-4-5-6-7-8-9

(Circle)

How did you hear about us?

Newspaper, Drive by, Performance, Magazine, Yellow Pages, Online, Website, Friend Referral _____

Registration Date _____ Trial Class Date _____

First Months Tuition \$ _____ Start Month _____

Registration Fee +\$10.00

Total Amount Due _____ Payment Method _____

Monthly Tuition \$ _____

Classes Enrolled in _____

Office Use Only

CD _____

E-mail _____

Policy _____

Auto-Pay _____

Reg. Fee _____