

# Top Hat Dance Studio

## 2019-2020 Registration Form

### Please Print Clearly

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

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

Street

City

State

Zip

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

\*Please circle which above number is the primary phone number\*

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

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

\*Please circle which above number is the primary phone number\*

Health Challenges \_\_\_\_\_

Current Medications \_\_\_\_\_

Dance Experience \_\_\_\_\_

Dance Classes Desired (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

### For Office Use Only

Payment: \_\_\_\_\_ Method: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_