

The Dance Academy of Bartlett
Registration Application

*Student's Name _____ Gender _____

*Student's Age _____ *Birthdate _____

Grade in school _____ School _____

Student Cell# _____

Student Email Address _____

Experience (years, subjects and studio, list any extended time off)

*Any Health or Learning concerns (including but not limited to mental/learning disabilities, physical/medical conditions, food/contact/airborne/etc allergies)

*Parent (s)/Guardian (s) Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Primary Phone # (_____) _____ - _____ Who/Related? _____

Secondary Phone # (_____) _____ - _____ Who/Related? _____

Emergency contact (Name, relationship & Phone#): _____

*E-mail address _____

How did you hear about us? _____

-----**(Office Use - Do not write below this line)**-----

Child: _____

Class Day & Time _____

Level _____

Tuition Rate _____