

JOANNE'S DANCE CENTER
2011/2012 STUDENT REGISTRATION FORM
www.joannesdancecenter.com

Student Last Name: _____ Student First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Students Date of Birth: _____ Age: _____

Billing Information (If different) –

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Please provide an e-mail that you check frequently for announcements, studio monthly newsletters and any other communications. You may list anyone that will be able to receive these e-mails and will stay up to date with this information.

I have read Joanne's Dance Center Parent/Student Agreement and understand and agree with it in its entirety. I also understand that there is a non-refundable registration fee per student at the time of sign up.

Signature: _____ Date: _____

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For Joanne's Dance Center Office Use Only –

Day: _____ Time: _____ Instructor: _____ Class: _____

Day: _____ Time: _____ Instructor: _____ Class: _____

Day: _____ Time: _____ Instructor: _____ Class: _____

Day: _____ Time: _____ Instructor: _____ Class: _____

****Please list any additional classes on the back and arrow.**

Form of Payment: Cash: _____ Credit Card: _____ Check: _____

Amount: _____ Teacher Initials: _____

