

**CLASSIC TAP DANCE STUDIO  
STUDENT REGISTRATION FORM**

1. STUDENT'S NAME: \_\_\_\_\_
2. PARENT(s) FIRST & LAST NAME(s) \_\_\_\_\_
3. ADDRESS \_\_\_\_\_
4. CITY \_\_\_\_\_ 5. STATE \_\_\_\_\_ 6. ZIP \_\_\_\_\_
- EMAIL \_\_\_\_\_
7. STUDENT'S BIRTH DATE \_\_\_\_\_ 8. CURRENT AGE \_\_\_\_\_
9. HOME PHONE \_\_\_\_\_ 10. STUDENT WORK PHONE \_\_\_\_\_
11. FATHER'S WORK PHONE \_\_\_\_\_ 12. MOTHER'S WORK PHONE \_\_\_\_\_
13. EMERGENCY CONTACT PERSON  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_
14. PREVIOUS DANCE TRAINING: (type of classes, how long, etc)  
\_\_\_\_\_
15. FATHER'S EMPLOYER \_\_\_\_\_
16. MOTHER'S EMPLOYER \_\_\_\_\_
17. STUDENT'S PHYSICAL LIMITATIONS OR DISABILITIES WHICH MAY BE AFFECTED BY A  
DANCE OR EXERCISE PROGRAM, PLEASE SPECIFY \_\_\_\_\_
18. HOW DID YOU HEAR ABOUT CLASSIC TAP DANCE STUDIO? PLEASE CHECK ONE:  
PHONEBOOK \_\_\_\_\_ NEWSPAPER \_\_\_\_\_ FRIEND (name) \_\_\_\_\_  
OTHER \_\_\_\_\_

I, the undersigned, do agree that I am responsible for any and all debts incurred by the above named student at Classic Tap Dance Studio. I accept the tuition and payment policies as stated on the "Financial Terms and Conditions" page attached to this form.

19) SIGNED \_\_\_\_\_ 20) DATE \_\_\_\_\_

Must be signed by the person responsible for payment of student's tuition. Person whose signature appears must be over 18 years of age.