



**NEW STUDENT REGISTRATION FORM**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE (As of Sept.1, 2010): \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STUDENT EMAIL ADDRESS (for rehearsal info, fundraising events, etc) \_\_\_\_\_

PARENT 1 NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Use Parent 1 as billing name? Yes or No

PARENT 2 NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Use Parent 2 as billing name? Yes or No

**PLEASE FILL IN THE DAY(S) AND TIME(S) YOU WISH TO ATTEND CLASS:**  
(Schedule is included in the brochure)

\_\_\_\_\_  
\_\_\_\_\_

TUITION PAYMENTS (Check One)  
QUARTER ( ) SEMIANNUAL ( ) ANNUAL ( )

CHECK ENCLOSED FOR \$ \_\_\_\_\_ \*\*

PLEASE SEND PAYMENTS TO THE FOLLOWING ADDRESS:

**DANCE ARTS  
95A MAINLINE DRIVE  
WESTFIELD, MA 01085**

\_\_\_\_\_  
SIGNATURE - PARENT

**\*\*PLEASE NOTE:**

REGISTRATION IS **NOT** COMPLETE WITHOUT A NON - REFUNDABLE REGISTRATION FEE OF **\$10.00** PER STUDENT OR **\$15.00** PER FAMILY

IF YOU WOULD LIKE US TO BE AWARE OF ANY MEDICAL CONDITIONS,  
PLEASE DESCRIBE BELOW:

\_\_\_\_\_

PLEASE LET US KNOW HOW YOU HEARD ABOUT DANCE ARTS:

FRIEND/RELATIVE ( ) NEWSPAPER\*\* ( ) WEBSITE ( ) OTHER: \_\_\_\_\_

\*\* IF SO, PLEASE INDICATE WHICH PUBLICATION: \_\_\_\_\_