



2010-2011 Registration Form

Name of Responsible Party _____

Home Phone _____ E-mail _____

Mailing Address _____

Mother's Name _____ Father's Name _____

Work Phone _____ x _____ Work Phone _____ x _____

Cell Phone _____ Cell Phone _____

Other Emergency Contact _____ Phone _____

Student's Name _____ Cell Phone _____

Child's Birthdate _____ Gender _____

Age as of August 1 _____ Fall Grade _____

Years of Previous Dance Training _____ Starting Date _____

Any medical conditions that we need to be aware of _____

(List Additional Students on Back of Form)

***Please include a \$20 registration fee and drop it by or mail it to:
Merle's Dance Place, 126 West Blue Ridge Road, East Flat Rock, NC 28726***

Office Use Only

Class Time(s) _____

Date Paid	_____
Form of Pay	_____
Amount Paid \$	_____
Tuition \$	_____
Registration \$	_____
Entered	_____

Additional Student Registration

Student's Name _____ Cell Phone _____

Child's Birthdate _____ Gender _____

Age as of August 1 _____

Years of Previous Dance Training _____ Starting Date _____

Any medical conditions that we need to be aware of _____

Student's Name _____ Cell Phone _____

Child's Birthdate _____ Gender _____

Age as of August 1 _____

Years of Previous Dance Training _____ Starting Date _____

Any medical conditions that we need to be aware of _____

Student's Name _____ Cell Phone _____

Child's Birthdate _____ Gender _____

Age as of August 1 _____

Years of Previous Dance Training _____ Starting Date _____

Any medical conditions that we need to be aware of _____