

THE DANCE ACADEMY

5721 W. IRVING PK. RD. CHICAGO, IL. 60634/ 773-736-6677

www.the-dance-academy.com

REGISTRATION FORM

Please print

Student's Name: _____ Birth Date: _____

_____ Please check here if you are a returning student and your information is the same as last year (You do not need to fill out below, skip to★).

Parent/Guardian's Name: _____

Address: _____ Zip Code: _____

E-mail: _____

Primary Phone #: _____ Secondary Phone #: _____

Name of person financially responsible for this student (if different than above.)

Name: _____

Address: _____ Zip Code: _____

E-mail: _____

Primary Phone #: _____ Secondary Phone #: _____

★List all Class (es) Registering for: (list day, style, age, level and teacher):

Drop off form or mail it in! Please check one below:

_____ \$12 registration fee deposit enclosed (checks or cash)

_____ First month's tuition plus registration fee enclosed: \$_____

Please check this box if you are signing up for more than one class or if you are registering more than one family member.

By registering myself or my child/children, I agree to pay all tuition and related expenses* in full, Signed: _____ Date: _____

*Tuition shall be charged unless student is formally withdrawn from classes.