

THE DANCE ACADEMY

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

REGISTRATION FORM

Please print

Student's Name: _____ Birthdate: _____

_____ Please check here if you are a returning student and your information is the same as last year.

Parent/Guardian's Name: _____

Address: _____ Zip Code: _____

e-mail: _____

Home Phone #: _____ Work or Cell Phone: _____

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

Name: _____

Address: _____ Zip Code: _____

E-mail: _____

Home Phone #: _____ Work or Cell 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) OR

_____ 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.