

Joe Schapiro Dance registration

Student name (print) _____ Age _____

Parents last name if different _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Cell phone text) _____ E-mail _____

Subdivision _____ Can you car pool? YES NO

School (public/private) _____ Grade in school (Aug 2012) _____

Emergency contact Name _____ cell phone _____

Mother's name _____ Contactphone _____

Medical Problems _____

Dance subjects previous studied _____

Former dance studios _____

How did you find out about our school _____

Eligible for year dance awards (circle) 3 4 5 6 7 8 9 10 11 12 ____

Interested in Competition dance team: YES NO

CLASS DAY/TIME	SUBJECTS TAKEN	CLASS LENGTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total combined class hours for 1st child _____ @ 4 week rate _____

Total combined class hours for 2nd child _____ @ 4 week rate _____

Total tuition _____

Registration fee _____

Payment plan: circle 4 week semester year

