



## REGISTRATION / ENROLLMENT FORM

12210 Copper Way, Suite 230 Charlotte, NC 28277  
(704) 841-7762

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_  
(please be specific)

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_

DATE OF BIRTH (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ALTERNATE E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ CONTACT # \_\_\_\_\_

PERSON RESPONSIBLE FOR ACCOUNT \_\_\_\_\_

PREVIOUS DANCE SCHOOL (IF ANY) \_\_\_\_\_

DANCE EXPERIENCE (YEARS/LEVEL) \_\_\_\_\_

ACADEMIC SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

### CLASS SELECTION:

DAY \_\_\_\_\_ TIME \_\_\_\_\_ CLASS \_\_\_\_\_ TEACHER \_\_\_\_\_

DAY \_\_\_\_\_ TIME \_\_\_\_\_ CLASS \_\_\_\_\_ TEACHER \_\_\_\_\_

DAY \_\_\_\_\_ TIME \_\_\_\_\_ CLASS \_\_\_\_\_ TEACHER \_\_\_\_\_

DAY \_\_\_\_\_ TIME \_\_\_\_\_ CLASS \_\_\_\_\_ TEACHER \_\_\_\_\_

REGISTRATION FEE: **\$50.00**

MONTHLY TUITION: \$ \_\_\_\_\_

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

TOTAL PAID: \$ \_\_\_\_\_

PAID BY: CHECK \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_