



Season: _____

Signup Date: _____

New Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY) _____

Mailing Address: _____

Primary Phone _____ Phone (2): _____

Parent/Guardian Name (first & last) _____

Relationship to Dancer: _____

Name of Person responsible for paying fees: _____

Primary Email Address: _____

Primary Billing Phone #: _____

I am interested in classes as part of which division of Engage Dance Academy (please check all categories that apply to you)

_____ Engage Dance Open Division

_____ Engage Dance Competition Crew Division

_____ Engage Dance Theatre (Pre-Professional Division)

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no): _____

If yes – Explain: _____

Studio Policy Acceptance (please initial)

_____ I/we have read the first page of Engage Dance Academy's handbook and understand, agree and give my/our full consent and release to all terms stated.

_____ I/we understand the billing obligations as outlined in the Engage Dance Academy handbook.

Signature / Responsible Party: _____ Date: _____

Office Use Only:

\$40 non-refundable annual Registration Fee Paid On _____ Payment Method: _____