



Dance Gallery - REGISTRATION Form Date: _____
Please note: Dance Gallery is not responsible for any lost or stolen items.

Last Name _____ Billing Name _____ Email _____

Address _____ City _____ Zip: _____

Home Phone _____ Mom's Work _____ Cell _____

Mom's Full Name _____ Dad's Full Name _____

Emergency Contact: _____ # _____ Recommended by _____

Students Name _____ Age _____

Birthday _____ New Student Yes No Completed years in our School _____

School _____ Grade _____

Students Name _____ Age _____

Birthday _____ New Student Yes No Completed years in our School _____

School _____ Grade _____

Students Name _____ Age _____

Birthday _____ New Student Yes No Completed years in our School _____

School _____ Grade _____

Student interested in: Acrobatics Ballet Contemporary Hip Hop
 Jazz Pointe Tap Pre-Schoolers (Ages 3-5) Combo