

SECTION 1: DANCER INFORMATION

Students Name: _____ D.O.B. ___/___/___
Street Address: _____
City: _____ State: _____ Zip: _____
Parent(s)/Guardian Names: _____
Parent Email: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Medical condition/allergies: N Y If yes, Please explain: _____

SECTION 2: REFERRAL INFORMATION

How did you hear about Adair Dance Academy? _____

SECTION 3: CLASS INFORMATION

Class information: (please list classes of interest. If you are enrolling a current student please contact Stef for placement recommendation)

List any days and times that will absolutely NOT work for you and your child to have class:

SECTION 4: PAYMENT

List any/all methods of payment you would be interested in:

- ___ Monthly auto withdraw
- ___ Credit/Debit
- ___ Annual Payment

\$50 registration fee paid (non refundable): ___ Yes ___ No _____ Check no. ___ Cash ___ Debit/Credit

Signature: _____