

SECTION 1: DANCER INFORMATION

Students Name: _____ DOB: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian Names: _____
Home Phone: _____ Cell Phone: _____
Email: _____ Do you prefer text notifications? Y N
Medical conditions/allergies: _____

SECTION 2: REFERRAL INFORMATION

How did you hear about Adair Dance Academy? _____

SECTION 3: CLASS INFORMATION

Please list classes of interest to you or your child. If you are a current student, please see Stef for a placement recommendation _____

Please list any days or times that will ABSOLUTELY NOT work for you _____

SECTION 4: PAYMENT INFORMATION

Please check any of the following you would be interested in
____ Auto withdraw
____ Credit Card payment
____ Annual payment in full

SECTION 5: COMPLIANCE

\$50 registration/recital fee paid ____ Y ____ N
I have read and agree to the terms of compliance set forth by the ADA handbook ____ Y ____ N

SIGNATURE: _____