



## 2024 – 2025 STUDENT REGISTRATION

Carlsbad Dance Images, 535 Encinitas Blvd Suite 100, Encinitas, CA 92024  
1-760-822-6693

**Student/Participant's Name:** \_\_\_\_\_

Date of Birth (M/D/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Student Email \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email: \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_

### Tuition (+ Initial \$60 Annual Registration Fee)

60 Minute Class: \$80/month X \_\_\_\_\_ # of classes per week = \_\_\_\_\_

90 Minute Class: \$120/month X \_\_\_\_\_ # of classes per week = \_\_\_\_\_

**Total Monthly Tuition \$** \_\_\_\_\_ Paid by: Cash / Venmo / Zelle

Zelle can be paid to [Carlsbaddanceimages@gmail.com](mailto:Carlsbaddanceimages@gmail.com)

PLEASE WRITE IN YOUR CLASS(ES) OF CHOICE

Class Name

Day & Time

Instructor Initials

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**Medical Information**

Insurance

Provider \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

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

If yes – Explain: \_\_\_\_\_

**Legal Release & Policy Acceptance: Please INITIAL that you have read and understand:**

\_\_\_\_ I/we agree with the Dress Code

\_\_\_\_ I/we agree with Release of Liability

\_\_\_\_ I/we agree with Parent Responsibilities

\_\_\_\_ I/we agree with the Medical Emergency Policy

\_\_\_\_ I/we agree with the Media/Photo  
Release

\_\_\_\_ I/we agree to the Student Responsibilities

\_\_\_\_ I/we agree with the Tuition Policy

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant/Student Name

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date