



Fall 2024 Enrollment Form

Student Name: _____

Age: _____ Birthdate: _____

NEW: _____ or Veteran: _____
for vets - Years at The Studio _____

Parent/Guardian name (s): _____

Dance Experience? (Where, type of dance, how long?) _____

Classes interested in: _____

Any injuries/allergies/conditions/behavior that The Studio should be aware of? _____

Phone number (home): _____ Cell: _____

Best Email for communication: **(required)** _____

Emergency Contact Name: _____

Relation: _____ Phone: _____

(For new students) How did you hear about The Studio? (if someone referred you this is how they get credit) _____

*I have read and understand the Rules and Policies of The Studio _____(initial)

*I understand the contract regarding tuition owed for the year _____(initial)

*I have facebook followed or check listed email above _____(initial)

For office use below:

____ Liability form _____ tuition total cost _____ contract _____ photo form

____ entered in pro _____ email added _____ invoice created _____ portal link sent