

STUDENT APPLICATION FOR T.J.'S DANCE FACTORY  
OWNER – TERRI JOHNSON

STUDENT'S NAME (LAST, FIRST) \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS (INCLUDE ZIP CODE) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

HOW DID YOU CHOOSE THIS DANCING SCHOOL?

HAS STUDENT HAD PREVIOUS TRAINING? YES NO  
If yes, where, and how many years, and what type classes?

PLEASE CIRCLE CLASSES STUDENT IS TO BE ENROLLED IN THIS YEAR

- TAP JAZZ BALLET POINTE CLOGGING ACROBATICS LYRICAL  
PRE-SCHOOL HIP HOP DANCE TEAM PREP CONTEMPORARY Musical Theatre

EMAIL ADDRESS \_\_\_\_\_

I understand that T.J.'s Dance Factory is under no obligation or liable for any injury incurred while my child is either in the dance studio or participating in an authorized dance class. In case of emergency, and parents cannot be reached, I hereby give authorized personnel at T.J.'s Dance Factory the authority to notify out physician.

Dr. \_\_\_\_\_ Phone \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT FILL IN BELOW

REGISTRATION FEE \_\_\_\_\_ TUITION PER MONTH \_\_\_\_\_

Level \_\_\_\_\_ Class \_\_\_\_\_ Class Day and Time \_\_\_\_\_

Level \_\_\_\_\_ Class \_\_\_\_\_ Class Day and Time \_\_\_\_\_

Level \_\_\_\_\_ Class \_\_\_\_\_ Class Day and Time \_\_\_\_\_

Level \_\_\_\_\_ Class \_\_\_\_\_ Class Day and Time \_\_\_\_\_

Level \_\_\_\_\_ Class \_\_\_\_\_ Class Day and Time \_\_\_\_\_