



APARNA'S DANCE STUDIO

Date: 11/01/22

DANCE PROGRAM STUDENT REGISTRATION FORM

Please print your name clearly

Participant's Full Name: _____

Address: _____

Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Nick Name/any Preferred name: _____

If the participant is a minor, please fill out the following information:

Parent/Guardian's Name: _____

Relation: _____

Other Parent's Name (Optional): _____

Relation: _____

Student Grade: _____

Emergency Contact:

Contact Person: _____

Relation: _____

Phone: _____

How did you hear about us? (If, referral, please put the name)

Signature: _____ Date: _____