

# ASPIRATIONS DANCE COMPANY REGISTRATION FORM

\*Each Student Requires a Separate Form\*

## FALL 2024

Dancer Full Name: \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address **(REQUIRED)** \_\_\_\_\_

Emergency Name & Phone \_\_\_\_\_

CLASS	DAY	START TIME

Total Number of Classes:	
Type of Discount:	
Amount of Discount:	
<b>Total Monthly Tuition</b>	<b>\$</b> _____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I have FULLY READ and UNDERSTAND the Studio Policies on the BACK OF THIS PAGE!!!!!!!!!!!!!!**