

ASPIRATIONS DANCE COMPANY REGISTRATION FORM

Each Student Requires a Separate Form

FALL 2022/SPRING 2023

Dancer Full Name: _____

Age _____ Date of Birth _____

Parent or Guardian Name: _____

Address _____

City _____ Zip _____

Home Phone: _____ Cell Phone: _____

CELL PHONE CARRIER for Text Reminders/Offeres **(REQUIRED)** _____

Email Address **(REQUIRED)** _____

Emergency Name & Phone _____

CLASS	DAY	START TIME

Total Number of Classes	
Amount of Discount	
Total Monthly Tuition	\$

A Credit Card is Required to be on File, to establish and Maintain a Studio Account, this account will be charged, if your account becomes past due for Tuition, Costumes or any studio costs within (30) days of the published due date.

Signature: _____

Date: _____

I Fully Understand and have READ ALL Studio Policies on this Form.