Fall 2017 Dance Registration Form

Academy of the Performing Arts

Billing Name:			
Address:	**City:**	**State:**	**Zip:**
Home Phone:	**Work Phone:**	**Cell Phone:**	
How did you hear about us?:			
$30 Registration Fee paid via:	**Cash**	**Check**	**Email:**
Policy Signed?:	**Yes**	**No**	**Payment Option:**

	Parent 1 Information	**Parent 2 Information**
Name:		
Home Phone:		
Employer:		
Work Phone:		
Cell Phone:		

First Emergency Contact:	**Phone Number:**
Second Emergency Contact:	**Phone Number:**

Student Name:			
Address:	**City:**	**State:**	**Zip:**
Birth Date:	**Grade as of Fall 2017:**		
Medical Information:			

Please register my student for the following classes (must be filled out completely):

Day	Time	Class and Level	Teacher	Class Number