



DuPage Dance Center

Registration Form

All Students: . . . Submit this form with enrollment and payment.

New Students: . . . One time registration fee of \$20.00 for New Students Only

Registration Date: _____
Month Day Year

Student's Name _____
Please Print Student Name

Parents' Names _____
Mother (OR Guardian) Father (OR Guardian)

Address _____

City _____ Zip _____

E-Mail Address: _____
Please Print in CAPITAL LETTERS

Home Phone: _____ **Work / Cell Phone:** _____
Circle One

Date of Birth: _____ Age: _____ Grade: _____

Existing injuries/medical conditions: _____

Emergency Contact _____ Telephone () _____
Please Print Name

<u>CLASS</u>	<u>DAY</u>	<u>TIME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student and/or Parents have read and 'AGREE' to Terms & Conditions of Studio Policies

Signature of Student (OR) Signature of Parent _____ Date _____