

DENISE BRYANT STUDIO OF DANCE REGISTRATION FORM 2011-2012 SEASON

TODAY'S DATE: _____

STUDENT NAME _____

PARENTS' NAMES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: () _____ CELL PHONE: () _____

WORK PHONE: () _____

EMAIL ADDRESS: _____

STUDENT AGE: _____ BIRTHDATE: _____

CHECK ALL THAT APPLY:

____ BALLET ____ POINTE ____ JAZZ ____ TAP ____ ACRO ____ MODERN

____ LYRICAL ____ HIP HOP ____ COMPETITION ____ MOM/CHILD

____ OTHER _____ CREATIVE MOVEMENT: ____ SESSION 1 ____ SESSION 2

ANY PHYSICAL LIMITATIONS? _____ EXPLAIN: _____

PREVIOUS STUDY? _____

PARENT/GUARDIAN PRINT NAME _____

PARENT/GUARDIAN PLACE OF EMPLOYMENT: _____

PARENT/GUARDIAN SIGNATURE: _____

By signing this registration form, you are accepting responsibility for tuition, and agreeing to all policies of DBSD.

For Office Use Only:

REGULAR TUITION AMOUNT: _____ EFFECTIVE DATE: _____

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REGULAR TUITION AMOUNT: _____ EFFECTIVE DATE: _____

____ BOOKS

____ SACCT

____ EMAIL