



FOR OFFICE USE ONLY:

Session: \_\_\_\_\_

Entered: \_\_\_\_\_ Filed: \_\_\_\_\_

PS      AB      1<sup>st</sup> Class      TYou

--	--	--	--

## STUDENT REGISTRATION INFORMATION

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

Number you can be reached at  
while your child is in class:

HOME PHONE \_\_\_\_\_ \* CELL/OTHER PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, IL      ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

CLASS	DAY	TIME	INSTRUCTOR	TUITION

SUBTOTAL: \$ \_\_\_\_\_

REGISTRATION FEE: \_\_\$25.00\_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_

How did you become  
aware of Dance Dimensions?

\_\_\_\_ NEWSPAPER      \_\_\_\_ FLYER      \_\_\_\_ PHONE BOOK      \_\_\_\_ WEBSITE

REFERRED BY \_\_\_\_\_

OTHER \_\_\_\_\_

BILLING CONTACT \_\_\_\_\_

(if different from above)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_, IL      ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_