

# DANCE EXPRESS FALL REGISTRATION FORM

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STUDENT'S NAME: \_\_\_\_\_  
(One name per form)

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AGE AS OF SEPTEMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL GRADE AS OF SEPTEMBER: \_\_\_\_\_

NUMBER OF YEARS IN DANCE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

SECONDARY CONTACT & TELEPHONE #: \_\_\_\_\_  
(IN CASE OF EMERGENCY)

MEDICAL PROBLEMS: \_\_\_\_\_

CIRCLE CLASSES TO BE ENROLLED IN:

TAP      JAZZ      BALLET      POINTE      HIP HOP      LYRICAL

PLEASE LIST PRE-SCHOOL DAYS & TIMES OR RELIGIOUS & SCHOOL  
CONFLICTS:

\_\_\_\_\_

REGISTRATION FEE: \$30.00 PER FAMILY