

Registration Form

Please bring this form and payment to the first class

Name of Student: _____

Address: _____

Contact Phone Number: _____

Email: _____

Parent/Guardian Information

(If student is under 18yrs of age)

Name: _____

Relationship to Student: _____

Address: _____

Cell Number: _____

Home Number: _____

Work Number: _____

Email: _____

Class Information

Circle which classes(s) you are registering for

Art Dance Theatre Tumbling Voice Yoga

Class Name _____ Class Day/Time: _____