

MS. BONNIE'S SCHOOL OF DANCE

Registration Form

****Please Print Clearly and fill out ENTIRE form****

Please remember to let us know of any changes as it is vital to stay in contact with all the dancers and parents with any closings or changes throughout the dance season.

Registration Date: _____

Student Name : _____ Age: _____ Grade: _____

Birthday ___/___/___

Parents Name: _____ & _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Address: _____ City: _____ State/Zip _____

E-mail: _____

Employer: _____

Best way of contact: (Please Circle) Call Text Email

Name of person other than parents paying for tuition: _____

Phone Number: (H) _____ (W) _____ (C) _____

Address: _____

Email: _____

Emergency Contact (other than Parent):

Name: _____ Best Contact Number: _____

Health Problems we should be aware of: _____

Dance Experience: _____