

Ms. Bonnie's School of Dance

Registration Form

Please print clearly and fill out ENTIRE form

Registration Date: _____

Student Name: _____ Age: _____ Grade: _____

Birth Date: ____/____/____

Parents Name: (Mother): _____ (Father): _____

Guardian besides parents: _____ (Relation): _____

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

Address: _____ City: _____ State: _____

E-mail: _____

Employer: _____

Best Form of Contact : (Please Circle the one in which you prefer & fill in with the best contact)

Text- _____ Call- _____ Email- _____

Name of person other than parents paying for tuition: _____

Relation: _____ Contact Number: _____

Emergency Contact besides parents:

Name: _____ Best Contact Number: _____

Health Problems we should be aware of:

Dance Experience: _____ years

Styles of dance taken:

Anything else we need to be aware of:
