

2017-2018 DANCE WITH STACEY FALL EVENING CLASS REGISTRATION FORM

NAME _____ AGE _____ BIRTHDATE _____

1ST PARENT NAME _____ CELL# _____
EMAIL: _____ WORK# _____

2ND PARENT NAME _____ CELL# _____
EMAIL: _____ WORK# _____

ADDRESS _____ HOME# _____
CITY/ZIP _____

*THIS WILL BE OUR _____ YEAR ATTENDING **DANCE WITH STACEY!**

*WHAT OTHER DANCE OR MOVEMENT CLASS HAS THE STUDENT BEEN INVOLVED WITH RECENTLY BESIDES "DWS"?

CLASSES TO BE ENROLLED IN:

1. DAY _____ AGE _____ TIME _____ TYPE _____
2. DAY _____ AGE _____ TIME _____ TYPE _____
3. DAY _____ AGE _____ TIME _____ TYPE _____

I HAVE READ THE GENERAL, COSTUME, AND RECITAL POLICIES. I UNDERSTAND THEM AND WILL PAY THE CORRESPONDING FEES IF WE WITHDRAWAL AFTER DUE DATES.

DATE _____ SIGNATURE _____

REGISTRATION FEE (NEW STUDENTS ONLY) \$ 25.00 pymt _____

1ST MONTH'S TUITION _____ \$ _____ pymt _____