Spa City Dance and the Arts

2023-2024 Registration Form

Student Name: First_____ Middle_____ Last_____

Prefers to be called: _____

Date of Birth: _____ Age: _____

Address:_____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian: First_____ Last_____

Parent/Legal Guardian Date of Birth: ____/____/____

Home Phone:_____ Cell Phone: _____

Email:_____

Emergency Contact other than Main Parent

First_____ Last_____ Relationship_____ Cell Phone:_____

Does your child have any medical conditions we should be aware of? Yes_____ No_____

If yes, please describe: _____

Do you give permission for photos of your child to be posted publicly? Yes_____ No_____

How did you hear about us?_____

Class Registration **Office Use Only ↓**

Class Name	Day	Time	Teacher	Monthly Fee	Discount if applicable

Office Use Only:

Total # of Classes: _____ Total Monthly Tuition: _____

New Student Registration Fee: $20.00/student and $10/ each additional sibling – Total Fee $_____

Payment Method: Cash:_____ Credit Card:_____ Check: _____/Check#_____