



REGISTRATION FORM

Billing Name: _____ Registration Date: _____

Address: _____ City: _____ Zip/Postal Code: _____

Home Phone: _____ Private? Y or N

Email Address: _____

(Would you like to receive the School's newsletter via email? Y or N)

Parent: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____

Parent: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Medical Information

Returning Student? Yes or No

Previous Training? Yes or No

Please list past experience in dance or gymnastics (include styles and number of years):

Name of Previous Dance School: _____

How did you hear about our school? _____

Performers Edge Dance Academy is not held responsible for belongings left in studio. We cannot be held liable for any injury or accident that may occur to students during any of our classes or on the studio's premises. The studio has the right to consolidate any classes not pertaining the minimum of four students. I am aware that if my child drops out midyear I have to notify the office and will not receive my costume deposit (**costume deposits and balances are nonrefundable**). I am fully aware of the studio's dress code and will abide by it to the best of my ability. I understand that if my child is more than 15 minutes late to class, he/she will not be able to participate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY (Below)

CLASS	DAY	TIME

Registration Fee: _____

Payment Type: _____

Costume Deposit: _____

Costume Balance: _____

MONTH	AMOUNT	BALANCE	RECEIVED BY/ DATE
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			