



# Rose Mary's School of Dance

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## REGISTRATION FORM

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IN AN EMERGENCY, CALL:

NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

PHONE \_\_\_\_\_

PREVIOUS STUDY \_\_\_\_\_

HOW DID YOU LEARN ABOUT OUR SCHOOL? \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

CLASS REGISTERED \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

*MEMBER: Professional Dance Teacher's Association*