

STUDENT APPLICATION FORM

Name of Student _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number ____/____/____

Please enroll above named student in your 2006-2007 Dance Program.

Indicate school district (if applicable) _____

Indicate classes selected below, including day of the week:

Parent or Guardian Name _____ Date of Application _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Business Number _____

Emergency Contact _____ Cell Number _____

E-Mail Address _____

I understand that a \$25.00 Registration fee must accompany this application. Payment is due monthly. A 10% late fee will be charged for all late payments. Late payments may result in dismissal from **Barn Studio**. No refund of registration or tuition can be made. Students are encouraged to make up classes missed as soon as possible. Classes start September 5, 2006.

Signature of Parent or Guardian: _____

Make checks payable to **BARN STUDIO OF DANCE**

PLEASE LIST PREVIOUS DANCE EXPERIENCE: