5678 Dance Studio

Fall Registration Form
2025 – 2026

▪ *Please print clearly*

Student registration fee $25.00

Student Name _____ M / F Age _____ Birthdate _____/_____/_____

Address _____ City _____ Zip _____

School _____ GRADE 25/26 _____

Mother / Self / Legal Guardian

Name _____

Employer/Occupation _____

Work _____Cell _____

E-Mail _____

Father / Self / Spouse / Legal Guardian

Name _____

Employer/Occupation _____

Work _____Cell _____

E-Mail _____

Classes Offered

☑ Check all classes to be taken this year – Ages for genres are listed – All classes are 30 minutes unless specified

- ☐ Creative Movement (age 2-3)
- ☐ Pre-Ballet (age 3-4)
- ☐ Ballet - Beg/Inter. (age 5 & up)
- ☐ Ballet Adv. (age 11 & up 45/60 min)
- ☐ Pre Pointe (age 11 & up 30 min)
- ☐ Ballet Technique *(60/75 min)
- ☐ AcroDance (age 4-6) (7 & up 45/60 min)
- ☐ Hip Hop (age 6 -11) (12 & up 45 min)
- ☐ Jazz (age 6-11) (12 & up 45 min)
- ☐ Contemporary (age 14 & up 45 min)
- ☐ Strength/Conditioning (age 8 & up 45 min)
- ☐ Other _____ Team _____
- ☐ Tap (age 5 & up)
- ☐ Musical Theater (age 8 & up 45 min)
- ☐ Lyrical (age 10 & up 30/45 min)
- ☐ Hula (age 8 & up)
- ☐ Tahitian (age 13 & up)

*This 2nd ballet class must be approved by teacher. **I would be interested in:** ☐ **Teacher Training** (age 13 & up) ☐ **DMW Certification** (age 17 & up)

Past Experience: (Genre, How long, from whom) _____

_____

PLEASE NOTE - Classes are scheduled Monday through Friday between 3:30pm and 9:30pm and Saturday between 9:00am and 3:00pm. Please fill out the information on the back side of this form if there are any times that we cannot schedule your child/self for classes.

MEDICAL - Is there any physical or medical issue that the teacher should know about? ☑ Check one ☐ **YES** ☐ **NO**

Explain _____

➔ _____ Initials TUITION - I understand that these classes run for the school year and that I am liable for the full tuition from the date of enrollment unless I give written notice to cancel my financial obligation for the next term.

➔ _____ Initials RECITAL - I understand that there is a recital performance in the spring which will be recorded. I wish to have my child/self, perform in the recital and understand that I am to **BUY** a costume for **each** dance that my child/self is performing.

➔ _____ Initials PHOTO/VIDEO RELEASE - I understand that 5-6-7-8 Dance Studio may have photographs and video shots from rehearsals, recitals, parades, programs, dance classes, etc. that may be displayed at the studio or used on the studio web-site or another form of advertising.

I have read this registration form and the 5-6-7-8 Dance Studio Policy booklet. I understand that I am liable for the full tuition from the date of enrollment. I hereby forever release 5-6-7-8 Dance Studio, its employees and teachers from all liability for any and all damages and injuries suffered by me or my child while under the instruction, supervision or control of 5-6-7-8 Dance Studio.

➔ **Signature:** _____ *(MUST signed by a Parent or Legal Guardian 18 years or older)*

Printed Name: _____ **Date:** _____

New student: Who were you referred by? / How did you hear about us? _____

For Office Use: Initial _____ Date _____ Amount Paid _____ Check # _____ Cash / Credit