

A Class Act Dance Center
Student Registration & Parent Agreement
Please read and fill out all information

Registrations will not be processed without signatures and proper information! Thank you.

A Class Act Dance Center
Fall Registration Form 2008-2009

Student ID#: _____
(for office use only)

Student Name: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Bill to address if different from above: _____

*E-Mail Address (Parents Only) _____ Statements will be Via E-Mail

Birthdate(required) _____ Age: _____

Mothers Name: _____ Fathers's Name: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Information we should be aware of: _____

Do you have another child attending A Class Act Dance Center? (Circle one) YES or NO

If so, his/her name: _____

Day: _____

Time: _____

Class
Type: _____

PLEASE CONTINUE REGISTRATION & AGREEMENT ON REVERSE SIDE....

Send To:

A Class Act Dance Center 118 Pipemakers Circle Suite 110 Pooler, Ga 31322