

**2009-2010**  
**DANCE WITH STACEY**  
**EVENING CLASS REGISTRATION FORM**

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**PARENT NAME** \_\_\_\_\_ **HOME#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **WORK#** \_\_\_\_\_

**CITY/ZIP** \_\_\_\_\_ **CELL#** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

\*WHAT OTHER DANCE OR MOVEMENT CLASS HAS THE STUDENT BEEN INVOLVED WITH RECENTLY?

\_\_\_\_\_

\*HOW MANY YEARS AT **DANCE WITH STACEY**? \_\_\_\_\_

**CLASSES TO BE ENROLLED IN:**

1. DAY \_\_\_\_\_ AGE \_\_\_\_\_ TIME \_\_\_\_\_ TYPE \_\_\_\_\_

2. DAY \_\_\_\_\_ AGE \_\_\_\_\_ TIME \_\_\_\_\_ TYPE \_\_\_\_\_

REGISTRATION FEE (IF NEW STUDENT) \$ 25.00 ck# \_\_\_\_\_

1<sup>ST</sup> MONTHLY TUITION \_\_\_\_\_ \$ \_\_\_\_\_ CK# \_\_\_\_\_

I HAVE READ THE POLICY INFORMATION AND UNDERSTAND IT AND WILL PAY THE CORRESPONDING FEES IF POLICY IS NEGLECTED.

DATE \_\_\_\_\_ SIGNITURE \_\_\_\_\_