

Pointe of Grace dance academy

REGISTRATION

Child's Name _____ Birth date _____ Age _____

Parent's Name(s) _____

Mailing Address _____

City _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Email _____

Emergency Contact Person _____

Phone Number _____

If you are a new student, how did you hear about our studio?

Prior Dance Experience: Please list prior dance training including type of dance and number of years: _____

Please list class(es) in which you would like to be enrolled:

For classes offered at multiple times, please indicate 1st & 2nd choice of day/time.

1st Choice - Class _____ Day _____ Time _____

2nd Choice - Class _____ Day _____ Time _____

I give permission for my child's photo to be used in publications and for advertising
_____yes _____no

FOR STUDIO USE ONLY

Classes Enrolled:

Total Monthly Tuition _____

Registration Fee Paid _____

Special notes regarding your child:

www.pointeofgracemadison.com

706-347-0454 (Katie) or 706-474-0639 (Carol)