

## DENISE'S DANCE ACADEMY REGISTRATION FORM

Student Name:

Address:

City:

State:

Zip Code:

Telephone #:

Cell #:

Email:

Would you like to receive the school  
newsletter via email? Yes N o

Name: Parent/Guardian #1 Name: Parent/Guardian #2

Class Day and Time:

In case of emergency, please notify:

Emergency telephone:

Student's age (as of 9/1):

Birth Date:

Previous training? Please list past experience in dance (include styles of dance and number of year  
s) Name of previous dance school:

Any health or physical restrictions?

How did you hear about our school? Newspaper Phone Book Web site Performance Word of Mouth  
Other

From time to time we take pictures during activities. We would like your permission to use these  
pictures on our website, in our newsletter, or on our bulletin board. We will never reference your  
child by name or provide any specific information regarding your child. We also will never sell these  
pictures; we will use them exclusively for Denise's Dance Academy's purposes.

\_\_\_Yes

\_\_\_No, please do not use my child's pictures.