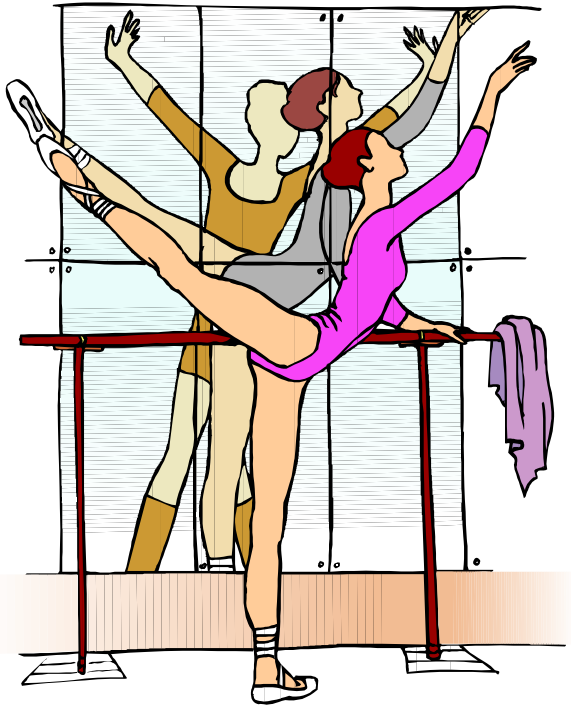


DANCE FROM THE HEART REGISTRATION



Student's Full Name: _____

Nickname (if any): _____

Address: _____

Home Phone #: _____

Cell/Work Phone #: _____

Age (as of Dec. 1st this year): _____

D.O.B.: _____

New Student Referred by: _____

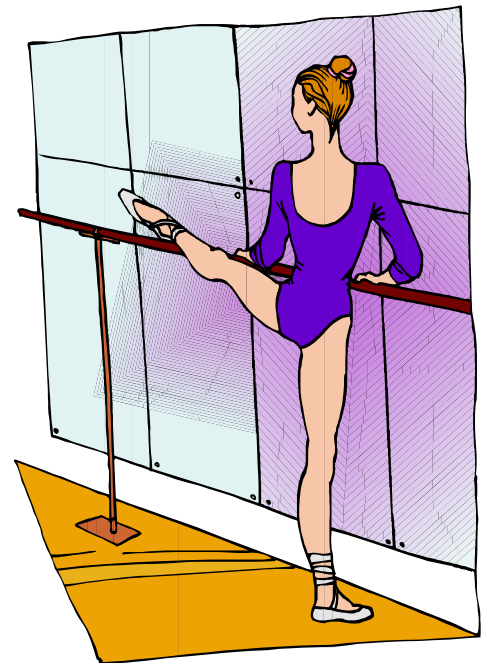
Name of Siblings that also take dance here: _____

Interested in taking (please check one or more of the following):

- _____ Acrobatics (ages 6 and up)
- _____ Ballet (ages 8 and up)
- _____ Combination tap and ballet (ages 6 and 7)
- _____ Hip Hop (ages 6 and up)
- _____ Jazz (ages 6 and up)
- _____ Lyrical (ages 6 and up)
- _____ Modern (ages 12 and up)
- _____ Tap (ages 8 and up)
- _____ Pointe (must take ballet, too)
- _____ Private lessons
- _____ Musical Theater (comp. only)

Class time that is most convenient for you: (check one)

- _____ after 5 pm
- _____ between 3:30-5:30 pm
- _____ either



*I, as the legal parent or guardian of the above child, agree to not hold "Dance from the Heart" responsible for any injuries or mishaps that may occur while my child is studying the art of dance

X _____ Date: _____

Classes will be filling quickly so please turn in ASAP along with one time yearly registration fee
\$10-Present Dance from the Heart student
\$20-New student