BAYSIDE SCHOOL OF DANCE

Registration Form

Welcome!

Thank you for choosing our dance school! Please complete this registration form for each student. All information is kept confidential and is used only for studio records and emergency purposes.

Student Name: _____

Class Placement: _____

Student's Date of Birth: _____

Parent/Guardian Information

Parent/Guardian #1

Name: _____

Relationship to Student: _____

Phone: _____

Email: _____

Mailing Address

Street:

City:

State:

Zip Code:

Parent/Guardian #2 (Optional)

Name: _____

Relationship to Student: _____

Phone: _____

Email: _____

Medical Information

Does the student have any allergies, medical conditions, injuries, or physical limitations the instructors should know about?

☐ No

☐ Yes (Please explain)

Optional Information students:

Student's Phone Number:_____

Student's Email: _____

Tuition & Policies Acknowledgment

By signing below, I acknowledge that:

- I have received or reviewed the studio policies.
- I understand tuition and fee policies.
- I agree to make payments by the required due dates.
- I understand that consistent attendance helps students progress safely and successfully.
- I will notify the studio of any changes to contact or medical information.

Parent/Guardian Signature

Printed Name: _____

Signature: _____

Date: _____