

La Roche Academy of Dance Registration

Student's Name: _____ Age: _____ Birthdate: _____

Grade: _____ T-Shirt Size (Youth XS,S,M,L or Adult S,M,L,XL): _____

Parents' Names: _____

Mailing Address: _____

Phone Numbers: _____

Home

Mom's Cell

Dad's Cell

Additional Number (optional)

Email Address/es: _____

Emergency Contact: _____ Phone #: _____ Relationship to Dancer: _____

Please describe any allergies, disabilities, etc., if any, that the studio or instructors should be aware of:

Classes Student Is Registering For:

Class and Level:	Day and Time:	Length:
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____
6: _____	_____	_____
7: _____	_____	_____
8: _____	_____	_____
9: _____	_____	_____

Company Group Dances (to be determined after auditions): _____

Class Tuition Amt.: _____ Company Groups Amt.: _____

Total Monthly Payment (Tuition + Company Groups): _____

(Additional Fees including Costumes, Recital Lead Roles, Company Solos/Duets, etc. billed separately)

