GOLDEN SLIPPERS DANCE ACADEMY REGISTRATION FORM

STUDENT NAME(S): FULL NAME:/	/	BIRTHDATE:	/	AGE:
(LAST) (FIRS	ST) (MIDDLE)		MO/D/YR	
FULL NAME:/(LAST) / (FIRST)	ST) (MIDDLE)	BIRTHDATE:	// /MO/D/YR	AGE:
STREET ADDRESS:		HM PHON	NE #:	
CITY:STATE	: ZIP CODE:			
MOTHER'S NAME:	CELL	PHONE #:		TEXT OPT IN:
MOTHER'S EMAIL ADDRESS:				
FATHER'S NAME:	CELL I	PHONE #:		_ TEXT OPT IN:
FATHER'S EMAIL ADDRESS:				
PAST DANCE EXPERIENCE:				
SCHOOL ATTENDED	TYPE OF DANCE	[NUMBER OF	YEARS
Does your child have any disab	_	ase describe so v	we may better	serve your child's
needs:, unde	erstand that I am responsible	e for the monthly	payments that h	ave been established.
These monthly payments are due by	the 10th of the month, there	eafter there will be	a late fee of \$10	0.00 incurred. (If you
decide to discontinue taking classes				
responsible for the entire month.) A November 1st. A \$10.00 late fee will				
balance will be due by March 15 th . T				
Registration Fees and costume deporand will comply with the rules stated	sits are NON-REFUNDABL			
TODAY'S DATE:				
PERSON RESPONSBILE FOR BILL:	(Please print name)		_	
SIGNATURE:				
GOLDEN SLIPPERS REPRESENTAT	IVE'S SIGNATURE:			
	OFFICE USE	 ONLY		
CLASS(ES) TAKING: (DAY/TI				
REG. FEE PAID: YES NO AM	OUNT PAID:			