www.dkdancepro.com
11 Patterson Plz, Florissant, MO 63031
314-921-5800

Student Registration Form

Today's Date: _____

Student Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Age: _____(as of Sept 8, 2009) **Birth Date:** _____ **Grade Entering:** _____

School Attending: _____

Siblings that dance at DK Dance: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Email Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Billing Address:

Address: _____

City: _____ **State:** _____ **Zip:** _____

Do you use email? **Yes / No (circle one)**

Would you prefer to receive statements by email? **Yes / No (circle one)**

Referral:

How did you hear about us? _____

Were you referred by a current student? **Yes / No** **If yes, please provide name:** _____

Dance History

No experience: _____

Experience: (please indicate by # of years of training)

Tap _____ **Ballet** _____ **Jazz** _____ **Lyrical** _____ **Pointe** _____

Acro _____ **Hip Hop** _____ **Poms** _____ **Musical Theater** _____

Office Use Only

Registration Fee Received: _____ **Ck#** _____ **Total Tuition:** _____

Tuition Payment Received: _____ **Ck#** _____

Class: _____ **Class :**_____ **Class:** _____

Day: _____ **Day:** _____ **Day:** _____

Time: _____ **Time:** _____ **Time:** _____

Room: _____ **Room:** _____ **Room:** _____