

Salinas School of Dance Student Registration Form

Student's Name: First: _____ Last: _____

Birthdate: Month: _____ Day: _____ Year: _____

Parent's Name: First: _____ Last: _____

Address: _____ City: _____

Zip Code: _____ Email: _____

Home Phone: _____ Work: _____

Cell: _____

Child's Doctor: _____ Phone: _____

Health Problems, allergies, etc:

Class: _____ Time: _____ Day: _____

Class: _____ Time: _____ Day: _____

Class: _____ Time: _____ Day: _____

Registration Fee: \$35.00 B/D Index: _____

Tuition: _____ S/C: _____

Total Due: _____ W/C: _____

Student Number: _____