

2024-2025 Registration Form

First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Birth Date\_\_\_\_\_ Age\_\_\_\_\_ Grade\_\_\_\_\_ School\_\_\_\_\_

Parent's Name\_\_\_\_\_ Email\_\_\_\_\_

Mailing Address\_\_\_\_\_ City\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Mother's Name\_\_\_\_\_ Work Phone\_\_\_\_\_

Father's Name\_\_\_\_\_ Work Phone\_\_\_\_\_

**Please mark the classes desired and the years of previous training.**

Pre-Ballet\_\_\_\_ Ballet\_\_\_\_ Pointe(Pre)\_\_\_\_ Acrobatics\_\_\_\_ Jazz\_\_\_\_

Theater Jazz\_\_\_\_ Modern\_\_\_\_ Tap\_\_\_\_ St. Assistant\_\_\_\_

Performance (Grades 3rd-6th)\_\_\_\_

Special Requirements: \_\_\_\_\_ Florida License #\_\_\_\_\_

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Cut Here and Return Form to the Studio