

REGISTRATION FORM

A \$10.00 registration fee for **ALL** students and first month's tuition **MUST** accompany this form.

Note to returning students:

To ensure class placement this form **MUST** be returned immediately. Class space is extremely limited and students will be enrolled on a first come/first served basis.

Failure to return this form will indicate to us that a student is not returning.

STUDENT (full name) _____

AGE: _____ BIRTHDATE: _____

ADDRESS: _____

E-MAIL ADDRESS (PARENT AND/OR STUDENT): _____

HOME PHONE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

IN CASE OF EMERGENCY: _____

Class or classes that you request:

Class _____ DayTime _____ Instructor _____

Class _____ DayTime _____ Instructor _____

Class _____ DayTime _____ Instructor _____

Class _____ DayTime _____ Instructor _____

Mail this form to;

ACADEMY OF DANCE ARTS
2136 William Street, Suite 115
Cape Girardeau MO 63701

DATE RECEIVED IN OFFICE: _____

REGISTRATION FEE _____