



The Dance Works
 1600 Osgood St., N. Andover, MA 01845
REGISTRATION FORM

STUDENT NUMBER _____

STUDENT NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **EMERGENCY/CELL** _____

E-MAIL _____

DATE OF BIRTH _____ **AGE** _____ **GRADE IN SCHOOL** _____

GUARDIAN'S NAME _____

ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? _____

NEW STUDENT _____ **RETURNING STUDENT** _____

HOW DID YOU HEAR ABOUT THE DANCE WORKS?

NEWSPAPER _____ **A FRIEND/RELATIVE** _____ **YELLOW PAGES** _____ **INTERNET** _____

DO YOU HAVE OTHER SIBLINGS IN OUR STUDIO? _____

THEIR NAMES _____

TO BE FILLED OUT BY THE DANCE WORKS:

CLASS INFORMATION **TEACHER CODES**

REGISTRATION FEE \$ (MUST ACCOMPANY THIS FORM)

CLASS	DAY	TIME	STUDIO
CLASS	DAY	TIME	STUDIO
CLASS	DAY	TIME	STUDIO
CLASS	DAY	TIME	STUDIO
CLASS	DAY	TIME	STUDIO
CLASS	DAY	TIME	STUDIO
CLASS	DAY	TIME	STUDIO
CLASS	DAY	TIME	STUDIO

TUITION FEE \$