The Dance Works

1580 Osgood St., Suite 1200 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 _____

<u>TO BE FILLED OUT BY THE DANCE WORKS</u>:

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 $ ……..