



Dream Dance Studio Registration Form

Student Information:

Full Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____ @ _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parent/Guardian Information (if under 18):

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Dance Experience:

Previous Dance Training: Yes [] No []

If Yes, please specify: _____

Class Enrollment:

Class Name(s): _____

Class Days/Times: _____

Diversity Information:

Please check all that apply:

[] Deaf

[] Blind

[] Autistic

[] Handicapped

[] LGBTQ+

[] Mental Illness _____

Race

[] Black/African American

[] White/Caucasian

[] Asian

[] Hispanic/Latino

[] Native American

[] Pacific Islander [] Other: _____

Religious Belief

[] Christian

[] Muslim

Jewish
 Buddhist

Hindu
 Buddhist Other: _____

Health Information:

Allergies: _____

Medications: _____

Special Needs/Accommodations: _____

Studio Policy Agreement:

By signing below, I acknowledge that I have read and agree to abide by **Dream Dance Studio's** policies. I understand the importance of maintaining a respectful and inclusive environment and agree to uphold these values.

Signature: _____

Date: _____

Photo/Video Release:

I grant permission for Dream Dance Studio to use photos and videos of my/my child's participation for promotional purposes.

Yes

No

How did you hear about us?

Social Media

Website

Friend/Family

Flyer

Commercial

Other: _____

Thank you for registering with Dream Dance Studio! We look forward to
DREAMING AND DANCING with you.

For Office Use Only:

Registration Fee Paid: Yes No

Class Fee Paid: Yes No

Notes: _____