

REGISTRATION FORM

Student's Name _____

Address _____

Birthdate _____

Home Phone _____

Cell Phone _____

Other Phone _____

Email _____

Parent/Guardian Name _____

Emergency Contact _____

Medical Issues _____

Previous dance experience, including years on pointe _____

Please list classes registered:

Day/Time:

OFFICE USE ONLY:

REG:

NorthRidge Dance Conservatory

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