

LILLIAN DEAN DANCE STUDIO REGISTRATION FORM

Student Information

Student's First Name _____ Last Name _____

Parent's Last Name (if different) _____

Phone _____ E-mail _____

Street Address _____

City _____ Zip Code _____

Contact Person First Name _____ Last Name _____

Relation to student _____

Home Phone _____ Cell Phone _____

Emergency contact info (other than parents) _____

Student's School _____ Grade _____

Birth date _____ Age: _____

Disabilities/Allergies/Medications:

OFFICE USE ONLY

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Will child be participating in the Recital? Yes _____ No _____

*By signing this form, I give Lillian Dean Dance Studio permission to use my child's image on their website and for any advertising for the studio.

Parent Signature _____