

Expressions Dance and Music Registration Form

Student Information

Student #1: Today's Date ____/____/____

Name _____ Birthdate ____/____/____

Male ____ Female ____ School Attended _____ Grade ____

Medical Conditions _____

Classes Enrolling _____

Student #2

Name _____ Birthdate ____/____/____

Male ____ Female ____ School Attended _____ Grade ____

Medical Conditions _____

Classes Enrolling _____

Parent/Guardian Information

Contact #1

Name _____ Relationship _____

Home Phone _____ Work/Cell _____

Address _____

Email Address _____

Contact #2

Name _____ Relationship _____

Home Phone _____ Work/Cell _____

Address _____

Email Address _____

Emergency Contact _____

Payment Information

____ I have read and understand the Expressions Dance and Music **Policies and Procedures**

Echeck/Bank Draft

Bank Name _____ Routing # _____

Name on Checking Account _____

Account # _____ (attach voided check)

Credit Card/Debit Card

Name on Card _____ Type: Visa ____ Master Card ____

Card # _____ Expiration Date _____