

ANITA'S DANCE STUDIO- REGISTRATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

AGE _____ BIRTHDATE _____ GRADE _____

PARENT(S) NAME(S) _____

EMERGENCY PHONE NUMBER (CELL PHONE) _____

ANY HEALTH ISSUES OR THINGS WE SHOULD KNOW ABOUT YOUR CHILD?
