

ROBERT MANN DANCE CENTRE, INC.

STUDENT - REGISTRATION

YEAR _____

FAMILY NAME _____

MOTHER'S LAST NAME _____ FIRST NAME _____

HOME PHONE _____ CELL PHONE _____ WORK _____

EMAIL ADDRESS _____

FATHER'S LAST NAME _____ FIRST NAME _____

HOME PHONE _____ CELL PHONE _____ WORK _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ EMERGENCY TELEPHONE _____

STUDENT'S LAST NAME _____ FIRST NAME _____

GENDER _____ DATE OF BIRTH ____/____/____ AGE AS OF SEPTEMBER 1ST _____

E-MAIL ADDRESS (ALL NOTICES WILL BE SEND BY EMAIL) _____

THIS IS THE START OF MY _____ YEAR AT THE ROBERT MANN DANCE CENTRE

I **CAN NOT** MAKE CLASS ON THE FOLLOWING DAY(S): ___MON___TUE___WED___THU___FRI___SAT

I GO TO SCHOOL/WORK FROM _____ AM/PM TO _____ AM/PM

I WISH TO ENROLL IN THE FOLLOWING GRADED CLASSES: (MINIMUM AGE 7)

___TAP___BALLET___JAZZ___LYRICAL/CONTEMPORARY___ACRO___MODERN___HIP HOP___BALLROOM

___ YOUNG DANCER'S PROGRAMS (3.6 – 6.6 AS OF SEPTEMBER 1ST)

___ CREATIVE MOVEMENT (2.6 -3.6 AS OF SEPTEMBER 1ST (NON RECITAL CLASS)

REGISTRATION FEE: **\$25.00 NON REFUNDABLE** DATE PAID _____ RECEIPT # _____

SIGNATURE _____

(STUDENTS OVER 18 OR PARENT OF YOUNGER DANCERS)

Notice: before signing this Registration Form – be sure you have read all the Rules and Regulations governing students at the Robert Mann Dance Centre.

RMDC STUDENT: DURING THE 2008-2009 SEASON I WAS ENROLLED IN THE FOLLOWING CLASSES:

COMBO: DAY OF WEEK _____ TIME _____ TEACHER _____

TAP: DAY OF WEEK _____ TIME _____ TEACHER _____

BALLET: DAY OF WEEK _____ TIME _____ TEACHER _____

POINTE: DAY OF WEEK _____ TIME _____ TEACHER _____

JAZZ: DAY OF WEEK _____ TIME _____ TEACHER _____

LYRICAL: DAY OF WEEK _____ TIME _____ TEACHER _____

ACRO: DAY OF WEEK _____ TIME _____ TEACHER _____

SPECIAL REQUESTS:

FOR OFFICIAL USE ONLY:

SUBJECT _____ DAY _____ TIME _____ STUDIO _____ TUITION _____

SUBJECT _____ DAY _____ TIME _____ STUDIO _____ TUITION _____

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SUBJECT _____ DAY _____ TIME _____ STUDIO _____ TUITION _____

SUBJECT _____ DAY _____ TIME _____ STUDIO _____ TUITION _____

OTHER FAMILY MEMBERS STUDYING DANCE AT THE ROBERT MANN DANCE CENTRE:

1. _____ 2. _____ 3. _____ 4. _____