



Registration 2016-2017

Student Name: _____ **New Student:** Y
N

Date of Birth: _____ **Age:** _____
School _____ **Grade:** _____

Student Email: _____ **Student Cell**
Phone: _____

Health
Concerns: _____

Class Code/s:

(Please list code for each class this student is enrolling in)

Total minutes of class time per week: _____
Monthly

Tuition: _____

Parent Name: _____ **Cell:**

Home
Phone: _____ **Email:** _____

Address: _____

City: _____ **State** _____ **Zip:** _____

Parent
Name: _____ **Cell:** _____

Emergency Contact
Name: _____ **Phone:** _____

Siblings enrolled

- _____
- *I hereby enroll the above student at FDC and agree to pay all tuition and fees by the 5th of each month.*
 - *I hereby give permission for the above student/s to be photographed and published in local newspapers, promotional materials and on FDC's website or Facebook pages.*

- *I hereby commit to making sure the above student will arrive with sufficient time to warm-up, enter class on time, stay for the duration of class and wear proper dance attire.*

Signature _____

Date _____

Measurements

Registration fee

 Bust _____

Girth _____
 paid _____

Tuition

Hips _____