



Registration 2019-2020

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

Bust _____

Girth _____

Hips _____

Registration fee _____

Tuition paid _____