FOOTHILLS Dance Conservatory

Registration 2026-2027

Student Name:_____New Student: Y N

Date of Birth:_____ Age:_____School_____Grade:_____

Student Email: _____Student Cell Phone:_____

Health Concerns:_____

Classes enrolled: _____
(Please list each class this student is enrolling in)
Total minutes/hours of class time per week:_____ Monthly Tuition _____

Parent Name:_____

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 15th 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/FCPA website or social media 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_____

Registration fee paid _____

Tuition paid_____