



1055 Century Drive
Edwardsville, IL 62025
618-656-3200

Office Use
Date Received: _____
Received By: _____

STUDENT REGISTRATION

A \$25 registration fee must accompany this form. Please complete a form for each dancer.
Monthly Payment is due at first class.

DANCER INFORMATION

Dancers Name: _____
Address: _____
City: _____ State _____ Zip _____
Age (as of September 1, 2011) _____ Birth Date (M/D/Y) _____
Grade Entering for 2011/2012 Year: _____

PARENT INFORMATION

Parents Name: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Do you use E-Mail for communications? YES / NO
Do you use text messaging for quick reminders or notifications? YES / NO
How did you hear about Studio E Dance? _____

DANCE INFORMATION

Have you danced in the past? YES / NOIf Yes, how many years? _____

REGISTERING FOR CLASSES

Class Name
Age Group: _____ Class Type: _____ Day: _____ Time: _____
Age Group: _____ Class Type: _____ Day: _____ Time: _____

Signature of Parent or Guardian: _____ Date: _____

I have read, understand and agree to all policies listed. **MUST SIGN LIABILITY FORM AT TIME OF REGISTRATION.**