



# Garden City Dance Studio



## Fall Registration form 2019-2020

### FAMILY INFORMATION

Parents Last Name: \_\_\_\_\_ Child's Last Name (if different) \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mothers' Name: \_\_\_\_\_ Cell Phone #:( ) \_\_\_\_\_  
 Fathers' Name: \_\_\_\_\_ Cell Phone #:( ) \_\_\_\_\_  
 Source: \_\_\_\_\_ (Friend/Newspaper) Student's Phone: ( ) \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_

### STUDENT INFORMATION

<b>Student 1</b> Age as of Sept 1st _____ Name: _____ Date of Birth: _____ School & Grade: _____ This is your _____ year at GCDS Medical Comments: _____	<b>Student 2</b> Age as of Sept 1st _____ Name: _____ Date of Birth: _____ School & Grade: _____ This is your _____ year at GCDS Medical Comments: _____	<b>Student 3</b> Age as of Sept 1st _____ Name: _____ Date of Birth: _____ School & Grade: _____ This is your _____ year at GCDS Medical Comments: _____
<p style="text-align: center;"><b>Classes</b></p> 1. Day _____ Time: _____ Class: _____ Teacher _____	<p style="text-align: center;"><b>Classes</b></p> 1. Day _____ Time: _____ Class: _____ Teacher _____	<p style="text-align: center;"><b>Classes</b></p> 1. Day _____ Time: _____ Class: _____ Teacher _____
2. Day _____ Time: _____ Class: _____ Teacher _____	2. Day _____ Time: _____ Class: _____ Teacher _____	2. Day _____ Time: _____ Class: _____ Teacher _____
3. Day _____ Time: _____ Class: _____ Teacher _____	3. Day _____ Time: _____ Class: _____ Teacher _____	3. Day _____ Time: _____ Class: _____ Teacher _____

**Office Use only:** Phone: \_\_\_\_\_ Person: \_\_\_\_\_ Mail: \_\_\_\_\_ Email/Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Method: Amount: \_\_\_\_\_ Cash #/Check# \_\_\_\_\_ Charge Visa/MC/DISC # \_\_\_\_\_

Policy  Payment Schedu  Confirmation  Counted  Posted to Computer  Photo Release