



# Garden City Dance Studio



## Fall Registration form 2020-2021

<b>Today's Date</b> _____	<b>Family Information</b>
Parents Last Name: _____	Child's Last Name (if different) _____
Street Address: _____	Town: _____ Zip: _____
Home Phone: ( ) _____	Work Phone: ( ) _____
Primary Email: _____	2nd-Email: _____
Mothers' Name: _____	Cell Phone #:( ) _____
Fathers' Name: _____	Cell Phone #:( ) _____
How Did You Hear About Us?: _____	Student's Phone: ( ) _____
Emergency Contact Name: _____	Phone# _____

### STUDENT INFORMATION

<b>Student 1</b> <b>Age as of Sept 1st</b> _____	<b>Student 2</b> <b>Age as of Sept 1st</b> _____	<b>Student 3</b> <b>Age as of Sept 1st</b> _____
Name: _____	Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____
School & Grade: _____	School & Grade: _____	School & Grade: _____
This is your _____ year at GCDS	This is your _____ year at GCDS	This is your _____ year at GCDS
Medical Comments: _____	Medical Comments: _____	Medical Comments: _____
<b>Classes</b>	<b>Classes</b>	<b>Classes</b>
1. Day _____ Time: _____	1. Day _____ Time: _____	1. Day _____ Time: _____
Class: _____	Class: _____	Class: _____
Teacher _____	Teacher _____	Teacher _____
2. Day _____ Time: _____	2. Day _____ Time: _____	2. Day _____ Time: _____
Class: _____	Class: _____	Class: _____
Teacher _____	Teacher _____	Teacher _____
3. Day _____ Time: _____	3. Day _____ Time: _____	3. Day _____ Time: _____
Class: _____	Class: _____	Class: _____
Teacher _____	Teacher _____	Teacher _____

<b>Office Use only:</b> Phone: _____ Person: _____ Mail: _____ Email/Fax: _____ Other: _____	
Paid: _____ Method: Amount: _____ Cash #/Check# _____ Charge Amex/Visa/MC/DISC # _____	
<input type="checkbox"/> Policy	<input type="checkbox"/> Payment Schedule
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Counted
<input type="checkbox"/> Posted to Computer	<input type="checkbox"/> Photo Release
<input type="checkbox"/> Remind	