



# Garden City Dance Studio

Today's date \_\_\_\_\_ Session \_\_\_\_\_

Last Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Mother's first name \_\_\_\_\_ Last (if different from student) \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Father's first name \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

One cell phone number will be added to our REMIND text system. If you prefer both mom & dad to be listed, please check here

Person responsible for tuition payments if other than parents listed above:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

**STUDENT 1:** First name \_\_\_\_\_ DOB \_\_\_\_\_

Medical issues No  Yes  Please explain \_\_\_\_\_

What studios have you attended other than GCDS? \_\_\_\_\_

Number of years at that studio \_\_\_\_\_ What genres \_\_\_\_\_

Classes you are enrolling in:

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

-----

**STUDENT 2:** First name \_\_\_\_\_ DOB \_\_\_\_\_

Medical issues No  Yes  Please explain \_\_\_\_\_

What studios have you attended other than GCDS? \_\_\_\_\_

Number of years at that studio \_\_\_\_\_ What genres \_\_\_\_\_

Classes you are enrolling in:

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

office use only:

reg form  policy  photo/injury  covid  pmt agreement  auto charge  remind