

★ Garden City Dance Studio ★

Fall Session

Today's Date _____	Family Information
Child's Last Name: _____	
Street Address: _____	Town: _____ Zip: _____
Primary Email: _____	2nd-Email: _____
Mothers' Name: _____	Cell Phone #:() _____
Fathers' Name: _____	Cell Phone #:() _____
How Did You Hear About Us?: _____	Student's Phone: () _____
What studios have you attended other than GCDS? _____	
Number of years at that studio _____ What genres _____	
Who other than parent may be responsible for tuition _____	
Emergency Contact Name: _____ Phone# _____	

STUDENT INFORMATION

Student 1 Age as of Sept 1st _____	Student 2 Age as of Sept 1st _____	Student 3 Age as of Sept 1st _____
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: _____
Classes	Classes	Classes
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 _____

Remind: (please list phone numbers of anyone who may be responsible for bringing or picking up you child)

Name/# _____	Name/# _____
Name/# _____	Name/# _____

Office Use only: Phone: _____ Person: _____ Mail: _____ Email/Fax: _____ Other: _____

aid: _____ Method: Amount: _____ Cash #/Check# _____ Charge Amex/Visa/MC/DISC # _____

Policy
 Payment Schedule
 Confirmation
 Counted
 Posted to Compute
 Photo Relea
 Remind

Covid
