

STEFANI'S
FRONT & CENTER
DANCE STUDIO
REGISTRATION FORM
2008-2009

STUDENT'S LAST NAME_____ FIRST_____

ADDRESS_____

CITY_____,LA. ZIP_____ AGE_____

DATE OF BIRTH(MONTH)_____ (DAY)_____ (YEAR)_____

PHONE NUMBER (HOME)_____

(WORK)_____

PARENT'S NAME: FATHER_____cell_____

MOTHER_____cell_____

EMERGENCY CONTACT (FULL NAME AND PHONE NUMBER):*required*

PREVIOUS DANCE STUDY & YEARS TAKEN _____

PLEASE CIRCLE CLASSES DESIRED:

COMBO(TAP/JAZZ)	BALLET	LYRICAL	POINTE'
CLOGGING	CHEERLEADING	DANCELINE	HIP HOP
ACRO	MALE CLASSES	TWIRLING	ADULT CLASSES

****NEW CLASSES OFFERED****

CHEER PREP	DANCELINE PREP
PROGRESSIONS/TURNS	CHRISTIAN DANCE

COMPETITION TEAM: TAP JAZZ CLOGGING HIPHOP LYRICAL

CHURCH/CCD DAY & TIME_____

SCHOOL ATTENDING_____ GRADE_____