

KINETIC MOVEMENT REGISTRATION FORM		DATE:	
Student Name			
Address			
City	State	Zip Code	
Primary Tel. #	Email:		
Name: Parent/Guardian #1 Phone#			
Name: Parent/Guardian #2 Phone #			
In case of emergency, Contact, Other than parent			
Student's age currently	Birth Date		
Programs or curriculum choices:			
Beg1 Single Class Beg2 Combo Classes K1-Int3 Combo classes K1-Int3 Single Classes Int4-Adv Classes Ballet Tap Jazz Pointe Hip-Hop 1 Hip-Hop 2 Adult Jazz Adult Tap Adult Ballet			
Classes are offered based on interest, some classes listed will not be offered every year.			
Previous training? Please list past experience in dance (include styles of dance and number of years)			
Name of previous dance school:			
Any health or physical restrictions?			
How did you hear about our studio?			
Newspaper	<input type="checkbox"/>	Phone Book	<input type="checkbox"/>
Performance	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Website	<input type="checkbox"/>	Other	<input type="checkbox"/>

For Studio Use

Payment Options	Number	Exp/ S.Code/Zip Code		
Credit card info				
Monthly #1 Pay as Go				
Monthly #2 All Included	Year	Monthly		
Invoice Option	Email	Mail		

Tuition

Tot # classes	Yearly	Monthly	Reg. Fee	Amount Paid	Cash	Check
	\$	\$	\$20	\$	\$	#