



Student Enrollment Form

Please update your contact information and provide us up-to-date information about the classes in which each dancer is participating.

PROVIDE THE STUDIO ONE FORM FOR EACH DANCER

Today's Date: _____

Dancer's name: _____ Age: (or *Adult*) _____

Address: _____
 Street Apt # City Zip

Dancer's Cell Phone number _____ Email _____

(For children/youth):

Parent's name: _____

Parent's cell phone: _____ Email _____

What classes is the dancer participating in this month?

Teacher	Dance Style	Day/Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there another family member dancing at the studio? _____

Are there other dance styles that you would take if they were offered at Studio Danza?

Please turn in this form to your instructor at Studio Danza.

Thank you for sharing the joy of dance at Studio Danza!

Luisa Macias

Luisa Macias, President and Executive Director