



Leap Into Your Greatness

Student Information:

Name: _____

Age: _____ Date of Birth: ____/____/____ Years Dancing _____

Allergies / Medical Conditions: _____

Parent / Guardian Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Information:

Name: _____ Phone: _____

Summer Enrollment weeks (Circle all that apply):

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 All Weeks

FOR OFFICE USE ONLY:

Registration Fee: _____

Amount Due: \$ _____ Amount Paid: \$ _____ Date: _____

Payment Method: Cash _____ Check # _____ Debit/Credit _____

Processor's Initials _____