



Leap Into Your Greatness

Student Information:

Name: _____

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

Allergies / Medical Conditions: _____

Parent / Guardian Information:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Emergency Contact Information:

Name: _____ Phone: _____

Program Enrollment:

Registration is finalized in person with one or both of the directors. Each director can guide your dancer as to which classes and/or programs are right for them.

FOR OFFICE USE ONLY:		
Registration Fee: \$30 Date Paid: _____		
Amount Due: \$ _____	Amount Paid: \$ _____	Date: _____
Payment Method: Cash _____	Check # _____	Debit/Credit _____
Processor's Initials _____		