



Office Use Only
Student Status:
<input type="checkbox"/> Current
<input type="checkbox"/> Returning
<input type="checkbox"/> New
<input type="checkbox"/> Registration Form
<input type="checkbox"/> Registration Fee

2018-2019 Registration Form

Student Information

Full Name: _____ Date of Birth ____ - ____ - ____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Health Issues: _____

Student E-Mail: _____

How you hear about us: _____ This is my _____ year of dance

Parent(s)/Guardian(s)

Mother/Guardian: _____ Father/Guardian: _____

Home Phone: (____) _____ Work Phone (____) _____

Cell Phone: (____) _____ E-Mail: _____

Register Me for the Following Classes:

Class	Day	Time

Authorization:

I have read and agree to Barbara's Academy of Dance policies and procedures.

Parent or Guardian Signature **X** _____

Please mail this registration form & fees to: 82 Fourth Avenue, Lowell, MA 01854