

Greensboro Dance Theatre
2604 Battleground Ave, GSO, NC 27408
(336)-230-1515
www.greensborodancetheatre.com

Fall Registration Form

Dancers Name _____ Age _____

Please complete this form and return to the studio with your \$25.00 non-refundable registration fee and your tuition. This will reserve your child a place in our program.

Requested Class Day & Time Option 1: _____ Option 2: _____

Please check one: Returning Student _____ Beginning Student _____

Please indicate your referral about our program:

____ Newspaper Ad ____ Radio/Television Ad ____ Friend ____ Flyer ____ Yellow Page Ad

Parents Last/First Name _____

Address _____ City _____

State _____ Zip Code _____ Home telephone number (____) _____

Student's Last Name _____ First _____

School attending _____ Grade _____ Birthday _____

Years in dance _____ List previous dance teacher(s) _____

Medical information we should know _____

In case of emergency _____ Phone number _____

Mother's name _____ Employer _____

Mother's business phone number _____ Mother's cell phone number _____

Father's Name _____ Employer _____

Father's business phone number _____ Father's cell phone number _____

Email Address for Reminders and Notices _____

Classes desired:

Ballet ____ Tap ____ Jazz ____ Hip Hop ____ Pre Pointe ____ Pointe ____ Lyrical ____ Adult ____

I _____ understand and agree with the studio polices in the brochure. I also understand that a \$15.00 late fee will be charged to my account after the TENTH of the month on any unpaid balance.

Parent signature _____ Date _____