



APPLICATION FOR ENROLLMENT

Student Information:

Last Name: _____ First Name: _____ MI: _____
Birth Date: (M/D/Y) _____ / _____ / _____ Age: _____ Years of Dance Experience: _____
Grade in school if applicable: _____

Primary Household Information:

Parent/Guardian: _____ Cell #: _____ Work #: _____
Parent/Guardian: _____ Cell #: _____ Work#: _____
Student lives with: _____
Email Address: _____
Mailing/Billing Address: _____

How did you hear about Joy of Dance?:

Class Registration:

Starting Date: _____
Class: _____ Day: _____ Time: _____ Tuition: \$ _____
Class: _____ Day: _____ Time: _____ Tuition: \$ _____
Class: _____ Day: _____ Time: _____ Tuition: \$ _____
Sub-total: \$ _____
(for each additional family member/and or classes) \$10.00 discount: \$ _____
Total Monthly Tuition: \$ _____
(per student) Registration Fee: \$ 30.00 Total: \$ _____
Yearly Tuition Total: \$ _____