

JOAN'S STUDIO OF DANCE
110 S. GAY STREET
SUSANVILLE, CA 96130
257-3197

STUDENTS NAME

#1: _____
PRINT Last First Birth Date

#2: _____

#3: _____

Address _____

City: _____ Zip _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Mother's Name _____

Employment _____

Father's Name _____

Employment _____

Babysitter: _____ Phone _____

School Attending & Grade _____

Health Problems or Medications? _____

If child has a medical or learning problem please see me.

I also give my permission to use photographs for website or to be used for promotional materials. Circle: Yes No

_____ _____
Date Parent/Guardian Signature

Monthly Rate _____ Paid _____

Classes per week: _____ Primary _____ Ballet Grade _____ Tap _____