

Dream Dancers Dance Arts Academy

2334 N. Grand
Pueblo, CO 81003
719-821-9214

Registration Form

Registration Date: Jun 14, 2007

Account No.

Billing Name

Address

City State Zip/Postal

E-Mail

Mom/Guardian 1 Hm. Phone

Employer Wk. Phone

Cell

Dad/Guardian 2 Hm. Phone

Employer Wk. Phone

Cell

Emergency Contacts Phone

Phone

Phone

Student Name

Address

City State Zip

Student E-Mail

Birthdate Sex School Grade

Student lives with: Mom and Dad Mom Dad Other

Dr. Name Phone

Classes	Class Name	Day	Time	Tuition
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Registration Fee:	<input type="text"/>	Total Tuition:	<input type="text"/>

I hereby allow my child(ren) to participate in the dance programs at DDDAA and release Dream Dancers Dance Arts Academy llc from any liability in the case of accidental injury, physical and/or emotional harm to either myself or my child(ren).

Parent Signature: _____ Date: _____