



2009 – 2010 Enrollment Application Form

PLEASE PRINT CLEARLY AND COMPLETELY. SIGN AND DATE THIS FORM, AND SUBMIT IT WITH THE APPROPRIATE FEE(S).
IT IS EXTREMELY IMPORTANT FOR YOU TO KEEP ALL YOUR FAMILY INFORMATION UP-TO-DATE.

Student's Information

Student's Name: _____ Age: _____ Date of Birth: _____
Student's Preferred Name: _____ Male Female
Home Address: _____ City/Zip Code: _____
Previous Dance School(s): _____
Years of Dance Experience: _____
List Any Health Problems or Injuries: _____
Student's Home Phone: _____ Student's Cell Phone: _____
Student's Email Address: _____

Party Responsible for Tuition (if not parent or guardian)

Dr. Mr. Mrs. Ms. Name: _____
Home Address: _____ City/Zip Code: _____
Home Phone: _____ Cell Phone: _____
Alternative Phone: _____
Email Address: _____

Parent/Guardian Information

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Name of Parent 1: _____	Name of Parent 2: _____
Home Address: <input type="checkbox"/> Same as Child	Home Address: <input type="checkbox"/> Same as Child <input type="checkbox"/> Same as Parent 1
Home Address: _____	Home Address: _____
City/Zip Code: _____	City/Zip Code: _____
Cell Phone: _____	Cell Phone: _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____	Work Phone: _____
Email Address: _____	Email Address: _____
Stepparent Name: _____	Stepparent Name: _____

Check if appropriate:

Parents separated Parent Divorced Father deceased Mother deceased
 Check here if another immediate family member is enrolled. Name: _____
How did you find out about our school? _____
Referred by: (list one person only): _____

(In an emergency situation when the child's parents/guardians cannot be reached, contact the following person.)

Name: _____ Phone: _____ Relation: _____

I understand and agree to abide by TUZER DANCE SCHOOL Policy and Procedure Guidelines.

Signature of Parent or Legal Guardian: _____ Date: _____