

ROBERT MANN DANCE CENTRE, INC. REGISTRATION APPLICATION

PLEASE **PRINT** CLEARLY

YEAR _____

FAMILY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE NUMBER: _____ - _____ - _____

CELL TELEPHONE NUMBER: _____ - _____ - _____

EMERGENCY TELEPHONE NUMBER: _____ - _____ - _____

E-MAIL ADDRESS (PLEASE PRINT CLEARLY) _____ @ _____

FATHER'S FIRST NAME _____ MOTHER'S FIRST NAME _____

FAMILY MEMBERS:

#1 FIRST NAME _____		DATE OF BIRTH ____/____/____		AGE AS OF AUGUST 31 ST ____	
THIS IS THE START OF MY ____ YEAR OF DANCE AND THE ____ YEAR AT THE ROBERT MANN DANCE CENTRE					
I CANNOT MAKE CLASS ON: PLEASE CHECK: MON ____ TUE ____ WED ____ THU ____ FRI ____ SAT ____					
I WISH TO ENROLL IN THE FOLLOWING CLASSES: (MINIMUM AGE 7)					
BALLET ____	POINTE ____	TAP ____	JAZZ ____	HIP HOP ____	
LYRICAL/COMTEMP ____	ACROBATICS ____	COMPANY TAP ____	COMPANY JAZ ____	ZUMBA ____	
TINY TOTS DANCE (1.6-2.6 YRS OLD) ____		1 ST STEPS DANCE (2.6-3.6 YRS OLD) ____			
COMBINATION DANCE CLASS (3.6-6.0 YRS OLD) ____		YOUNG DANCERS PROGRAM -2 HRS TAP/JAZZ CLASS ____			

#2 FIRST NAME _____		DATE OF BIRTH ____/____/____		AGE AS OF AUGUST 31 ST ____	
THIS IS THE START OF MY ____ YEAR OF DANCE AND THE ____ YEAR AT THE ROBERT MANN DANCE CENTRE					
I CANNOT MAKE CLASS ON: PLEASE CHECK: MON ____ TUE ____ WED ____ THU ____ FRI ____ SAT ____					
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LYRICAL/COMTEMP ____	ACROBATICS ____	COMPANY TAP ____	COMPANY JAZ ____	ZUMBA ____	
TINY TOTS DANCE (1.6-2.6 YRS OLD) ____		1 ST STEPS DANCE (2.6-3.6 YRS OLD) ____			
COMBINATION DANCE CLASS (3.6-6.0 YRS OLD) ____		YOUNG DANCERS PROGRAM -2 HRS TAP/JAZZ CLASS ____			

#3 FIRST NAME _____		DATE OF BIRTH ____/____/____		AGE AS OF AUGUST 31 ST ____	
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TINY TOTS DANCE (1.6-2.6 YRS OLD) ____		1 ST STEPS DANCE (2.6-3.6 YRS OLD) ____			
COMBINATION DANCE CLASS (3.6-6.0 YRS OLD) ____		YOUNG DANCERS PROGRAM -2 HRS TAP/JAZZ CLASS ____			

I AM INTERESTED IN: PLEASE CHECK ONE OR MORE:

<input type="checkbox"/> WEEKDAY MORNINGS CLASSES (10AM-12NOON)	<input type="checkbox"/> SATURDAY MORNING CLASSES 9AM-12PM
<input type="checkbox"/> WEEKDAY EARLY AFTERNOON CLASSES (1-3:30PM)	<input type="checkbox"/> SATURDAY AFTERNOON CLASSES 12PM-5PM
<input type="checkbox"/> WEEKDAY AFTERNOON CLASSES (3:30-6:30PM)	
<input type="checkbox"/> WEEKDAY EVENINGS CLASSES (7:30-9:30PM)	

DANCE HISTORY: LIST SUBJECTS – YEARS OF TRAINING – NAME OF SCHOOL

I WOULD LIKE TO BE CONSIDERED (COMPANY MEMBERSHIP REQUIRED) FOR:

SOLO ROUTINE: YES ___ NO ___ DUO/TRIO ROUTINE: YES ___ NO ___

SPECIAL GROUP: YES ___ NO ___ COMPANY MEMBERSHIP: YES ___ NO ___

FOR OFFICIAL USE ONLY:

NAME OF STUDENT _____

DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____

NAME OF STUDENT _____

DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____

NAME OF STUDENT _____

DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____
DAY _____	TIME _____	SUBJECT _____	STUDIO _____

ANNUAL REGISTRATION FEE \$25.00 PER STUDENT (NON REFUNDABLE)

DATE PAID _____ AMOUNT PAID \$ _____ RECEIPT NUMBER _____

PLEASE NOTE: Upon signing this Registration Application you hereby signify that you have read and agree to abide by the rules governing students at the Robert Mann Dance Centre, Inc.

Signature of Student or Parent/Guardian for Students under the Age of 18

STUDIO CHECK LIST:

_____ DESK TUITION CARD MADE	_____ FILE CARD MADE
_____ ENTERED ON QUICKEN	_____ ENTERED ON DATABASE
_____ ENROLLED IN CLASSES	_____ ENTERED ON CONSTANT CONTACT