



Dance Language Classes Registration Form

Student Information

Date: _____
 First Name: _____ Initials: _____ Last Name: _____
 Age: _____ DOB: _____ Sex: M / F

Parent / Gaurland Information

First Name: _____ Last Name: _____
 Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
 Address: _____ City: _____
 State: _____ Zip Code: _____
 E-mail: _____ Relationship to child: _____
 Location: San Mateo Belmont

DANCE CLASSES

Day of the Week	Italian Language Dance 1:00pm - 2:00pm	Spanish Language Dance 1:00 - 2:00pm	French Language Dance 2:00pm - 3:00pm	Date
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL HOURS				

Class Starts	Class Ends	Child's Starts	Parent's Signature	Date
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____	____ / ____ / ____

Parent's Signature _____