

STUDENT REGISTRATION: PLEASE PRINT NEATLY AND RETURN TO THE STUDIO'S BUSINESS ADDRESS WITH YOUR REGISTRATION FEE. **ALL STUDENTS NEED TO COMPLETE THIS FORM, PHOTO RELEASE, MEDICAL RELEASE & LIABILITY RELEASE FORMS. REGISTRATION FEE: \$15 NEW FAMILIES, \$10 RETURNING FAMILIES.**

The Movement Box Dance Studio REGISTRATION FORM			
New Student		Returning Student	
Parent/Guardian #1:		#2	
Address			
City		State	Zip Code
Tel #1		Tel #2	
Email:		We strongly encourage you to provide us your Email address. We do not share your Email address. Providing your Email allows us to contact you with ALL studio information. All invoices are sent via email once a month, paper copies are not printed unless we are requested to do so.	
Student name		Date of birth	
Gender Male/Female			
Emergency contact (in case we cannot reach you)			
Emergency telephone			
Any physical or health issues we should know about? Yes No If yes, please explain:			
<u>Classes</u>	<u>Day</u>	<u>Time</u>	<u>Secondary Time/Day Preference?</u>
Creative Movement	_____	_____	_____
Pre-Ballet & Tap	_____	_____	_____
Hip Hop Bop	_____	_____	_____
Ballet/Tap/ Jazz Combo (Specify level 1 or level 2)	_____	_____	_____
Level Ballet	_____	_____	_____
Level Jazz/HH	_____	_____	_____
Level Tap	_____	_____	_____
Company Classes	_____	_____	_____
Modern	_____	_____	_____
Adv. Hip Hop	_____	_____	_____
Would you like to be contacted by our TMB Booster Club for information on help to defer dance costs and support the studio at large?			
How did you hear about our school?			
Newspaper	Phone Book		Web site
Performance	Word of Mouth/ Who? (Referral Credit) <input type="checkbox"/>		Other

I HAVE READ AND AGREE TO ALL THE MOVEMENT BOX DANCE STUDIO, LLC. POLICIES REGARDING TUITION, DRESS CODE, AND OTHER PERTINENT ITEMS. I UNDERSTAND THAT ALL POLICIES ARE AVAILABLE, IN WRITING, AT THE STUDIO UPON REQUEST AND ON THE STUDIO WEBSITE.

SIGNATURE: _____ DATE: _____

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