

Registration Card

Dancer Name _____ Birthday ____/____/____

Siblings Registered _____ Birthday _____

Grade(s) _____ Age(s) _____

Address _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Number

Name _____

Cell Phone: _____

I the undersigned hereby consent and give authorization for the above named dancer to participate in dance classes at Evanston Dance Academy. I have read the policy information concerning tuition, attendance, fees, competitions, and costuming and agree to comply with these requests.

Parent/Guardian Signature _____ Date _____