

Houston Dance Works Registration Form

Phone: 832-725-4668 / Email: info@houstondanceworks.com

Website www.houstondanceworks.com

1) Student's Name: _____ Date of Birth: ___/___/___ Age: ___

2) Student's Name: _____ Date of Birth: ___/___/___ Age: ___

3) Student's Name: _____ Date of Birth: ___/___/___ Age: ___

School(s): _____ Grade(s) _____

Parent's Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

E-mail address: _____

Pertinent Medical Information: _____

If someone other than parents:

Person(s) responsible for tuition: _____

Phone Number: _____ Address: _____

What year did you begin dancing Houston Dance Works? _____ This will be your _____ year in dance. We utilize this information for our **DEDICATION TO DANCE AWARDS**.

How did you find out about our dance program? _____

If a doctor's office, school, day care, etc, please specify here: _____

Desired Classes:

1) Student Name: _____ Class: _____ Day & Time: _____

2) Student Name: _____ Class: _____ Day & Time: _____

3) Student Name: _____ Class: _____ Day & Time: _____

4) Student Name: _____ Class: _____ Day & Time: _____

5) Student Name: _____ Class: _____ Day & Time: _____

PLEASE NOTE THE REGISTRATION FEE AND FIRST MONTH'S TUITION ARE DUE UPON REGISTERING.

I have read and hereby agree to abide by the policies of Houston Dance Works.

Signed: _____ Date: _____

Parent/Guardian of: _____

For Office Use

Registration fee: Paid \$ _____ Cash or Check # _____ Date _____

Authorized signature _____

Paid for: 1st Month _____ Registration Fee _____

Student # _____/Family # _____