FOCUS Dance Center for the Performing Arts - (FALL 08/09)

STUDENT	PARENT/LEGAL GUARDIAN
First Name:	First Name:
Last Name:	Last Name:
Street:	Street:
City:	City:
State: Zip:	State: Zip:
Phone: ( ) -	Home#: ( ) -
D.O.B. / / Age:	Cell/Work#: ( ) -
School/Grade: /	E-Mail:

☐ Returning Student OR ☐ New Student *

* Hi, **New Student**: How did you learn about us?

☐ Flyer ☐ Web ☐ Phone Book ☐ Friend ☐ Other:

Preferred Method of Contact: ☐ Mail ☐ E-Mail ☐ Both

CLASS REGISTRATION

CLASS	DAY	TIME	INSTRUCTOR	HOURS

Sign: Date:

OFFICE USE ONLY		
HOURS:	TUITION:	CASH or CHECK#: