



barefoot dance center

1645 route 9w • po box 127 • west park, ny 12493 • (845) 384 6146

S T U D E N T R E G I S T R A T I O N

Student Name _____

Date of Birth _____ Age _____

Parent(s)/Guardian(s) Name(s) _____

Address(es) (If more than one, please indicate where child lives) _____

Phone Numbers Home _____

Work _____

Cell _____

E-mail _____

Emergency Contact (name & relationship to child) _____

Phone _____

If your child attends school, please fill in name of school _____

Does your child have any allergies? Y N If yes, please specify _____

Is there anything you would like us to know about your child? _____

I grant permission for my child's photograph and/or video image to be used in Barefoot Dance Center publications and for other promotional purposes, including the website. Students are not identified by name on the website.

Signature _____

How did you hear about Barefoot Dance Center? _____

Public Flyer School Flyer Newspaper Advertisement Phone Book Friend Other Please explain _____

Class Title: _____

Class Fee: _____

Registration Fee: _____

Total Amount: _____

Please send this form with a non-refundable check payable to:
Barefoot Dance Center, P.O. Box 127, West Park, NY 12493

Thank you!

FOR OFFICE USE ONLY

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Total _____
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