



barefoot dance center, llc
1645 route 9w. po box 127. west park, ny 12493. (845) 384 6146
www.barefootdancecenter.com

STUDENT REGISTRATION

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 _____
Non-parent 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 me to know about your child? _____

I have read and agree with the guidelines outlined in the BareFacts (available on our website under general information and at the studio).

Signature _____ Date _____

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 _____ Date _____

How did you hear about Barefoot Dance Center?

Public Flyer School Flyer Newspaper Advertisement Phone Book Friend If friend, please give name so that we can thank them _____

Other Please explain _____

Class Title(s): _____

Class Fee: _____

Registration Fee: _____

Total Amount: _____

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

Thank you!

(Rev. 8/24/09)

FOR OFFICE USE ONLY

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Fee _____
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Total _____
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Date paid _____
Balance Credit
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