



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 \_\_\_\_\_  
If child, Parent(s)/Guardian(s) Name(s) \_\_\_\_\_  
Address(es) (If more than one, please indicate where student lives) \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

E-mail \_\_\_\_\_  
Non-parent Emergency Contact (name & relationship to student) \_\_\_\_\_

Phone \_\_\_\_\_

If student attends school, please fill in name of school \_\_\_\_\_  
\_\_\_\_\_

Does the student have any allergies? Y  N  If yes, please specify \_\_\_\_\_  
\_\_\_\_\_

Is there anything you would like me to know about the student? \_\_\_\_\_  
\_\_\_\_\_

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 the student'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. 9/27/10)