The Joy of Dance

Summer 2019 Registration Form

Student Information:

Last Nam	e:	First Name:	MI:	
Birth Date	e: (M/D/Y)//	Years of Dance Experience:	Are you a current student @ JOD:	YES / NO
Primary H	lousehold Information:			
Parent/Gu	uardian:	Cell#:	Work#:	
Parent/Gu	uardian:	Cell#:	Work#:	
Student li	ves with:			
Home #				
Cell #:				
Email Ado	dress:			
Mailing/B	Billing Address:			
Class/Car	mp Registration:			
Registrati	ion options:			
•	Lower School Princess Lower School Classes Upper School Classes Beginning Adult Ballet Pilates/Conditioning	Camp		
1.	Class/Camp		Dates/Days:	
Tuition: \$		(due by 1st day of class/camp)		
2.	Class/Camp		Dates/Days:	
Tuition: \$	<u> </u>	(due by 1st day of class/camp)		
Date and	Signature of Parent or Le	egal Guardian (if responsible for tuition)		
Date and	Student Signature (if ove	er 18)	-	

 $Turn\ in\ Registration\ Form\ to:\ Instructor,\ Studio\ Drop\ Box,\ or\ Mail\ to\ the\ Studio\ Mailing\ address.$

The Joy of Dance 19300 NE 112th ave. suite 105 Battleground WA,98604