

FOOTSTEPS FALL 2011-12 REGISTRATION FORM

(If you have multiple dancers in your family, please ask in the office for additional family member mini-registration forms.)

CONTACT INFO:

Mom's Name _____

Dad's Name _____

Address _____

City _____ Zip code _____

Home Phone _____

Cell Phone _____

Best time of day to call you _____

Email _____

(Email is a main mode of communication between FFDC and you, so please provide an email address & print clearly!)

Mailbox Number Office Use Only
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STUDENT INFO:

Dancer's Name _____

Circle One: Male Female

Birth Date _____ Age _____

Medical/Developmental conditions that may affect dancing:

DANCE CLASS INFO:

Desired Classes _____

If you are a new student, please give us a little more information:

Prior Experience _____

How did you hear about Footsteps? _____

What made you choose Footsteps for your dance education? _____

ADDITIONAL FAMILY MEMBER MINI-REGISTRATION FORM

STUDENT INFO:

Dancer's Name _____ Circle One: Male Female

Birth Date _____ Age _____

Medical/Developmental conditions that may affect dancing:

DANCE CLASS INFO:

Desired Classes _____

If you are a new student, please give us a little more information:

Prior Experience _____

ADDITIONAL FAMILY MEMBER MINI-REGISTRATION FORM

STUDENT INFO:

Dancer's Name _____ Circle One: Male Female

Birth Date _____ Age _____

Medical/Developmental conditions that may affect dancing:

DANCE CLASS INFO:

Desired Classes _____

If you are a new student, please give us a little more information:

Prior Experience _____
