

Footsteps Family Dance Center Family Registration Form

Mom's
Name _____

Dad's
Name _____

Student's
Address _____

City _____

Zip _____

Email _____

Do you wish to receive our monthly newsletter, "Footnotes," via email? Yes, please.
 No, thanks.

Phone Numbers: Home (_____) _____

Mom's Work (_____) _____ Dad's Work (_____) _____

Cell (_____) _____ Other (_____) _____

Student Registration Form

Student's
name _____

Age as of October 1, 2007 _____

Circle one: Male Female

DOB _____ Grade _____

School _____

Desired
classes _____

Prior experience (what, how long, where)

Student Registration Form

Student's name _____

Age as of October 1, 200 _____

Circle one: Male Female

DOB _____ Grade _____

School _____

Desired classes _____

Prior experience (what, how long, where)

Student Registration Form

Student's name _____

Age as of October 1, 2007 _____

Circle one: Male Female

DOB _____ Grade _____

School _____

Desired classes _____

Prior experience (what, how long, where)

