



Emmerling Plaza, 928 Route 910
 Cheswick, PA 15024-9441
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2011-2012 REGISTRATION FORM

Please print clearly. A separate form must be completed for each child.

Dancer's Name _____
 Age as of September 1st _____ Date of Birth _____
 Name of Parent(s)/Legal Guardian(s) _____
 Street Address _____
 City _____ PA Zip Code _____
 Phone: Home _____ Work _____ Cell _____
 Email: **(Required)** _____
 2nd Email: _____
 Name of emergency contact other than parents _____
 Phone _____ Cell _____ Relationship to Student _____
 School Child Attends _____ Grade _____
 How did you hear about us? _____
 Medical Conditions (Asthma, Diabetes. etc.) _____

Classes Registered For

Day	Time	Class	Length
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Classes per Week _____ Total Class Time per Week _____

MONTHLY TUITION PAYMENT \$ _____

Signature of Parent/Guardian _____ Date _____

REGISTRATION FEE: \$20.00*
***Registration fee and first months tuition payment must accompany this form.**
 Office Use: _____ # _____ Date _____