

Returning students: Please return this completed form A.S.A.P. Students may not be allowed to participate in classes unless this form is received.

New students: \$25 Registration fee must accompany form to ensure class position.



**OFFICIAL REGISTRATION FORM
ON YOUR TOES DANCE STUDIO**
4835 LEMAY FERRY ROAD
ST. LOUIS, MO 63129 (314)487-8082
www.danceonyourtoes.com

Office Use Only PD _____

Student Name First _____ Last _____

Address _____

City _____ State _____ Zip _____

Home # (____) _____ Student Birthday _____ Age _____ Grade _____

Please list in order of contact preference. List only numbers we may use to contact you.

Guardian Name #1 _____ relationship to student _____

Cell Phone /Pager (____) _____ Work or additional phone # _____

Guardian Name #2 _____ relationship to student _____

Cell Phone /Pager (____) _____ Work or additional phone # _____

Email Address _____

This address will be used to keep you informed of studio business. We do not sell email addresses.

Student Mobile # (If applicable) _____

Emergency Contact _____ Phone # _____

(Other than above)

Class 1 _____ Day _____ Time _____ Teacher _____

Class 2 _____ Day _____ Time _____ Teacher _____

Class 3 _____ Day _____ Time _____ Teacher _____

Continue on back of form if additional space is needed.

By signing this form, the parent/adult is assuming any and all responsibility for the student, including financial obligations. The parent/adult also agrees that in event of injury at *ON YOUR TOES DANCE STUDIO*, the parent is solely responsible. The parent/adult signing below has also received a copy of the studio policies, and has read and understands all policies.

Signature _____ Date _____

If your child has any special needs or medical problems, please list below.