

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: \$20 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](http://www.danceonyourtoes.com)

Office Use Only
ID # _____
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.*

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

*(Other than above)*

Class 1 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

Class 2 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

Class 3 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

Class 4 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

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.