

This form needs to be filled out and returned A.S.A.P. The student may not be allowed to participate in classes unless this form is received.

**OFFICIAL REGISTRATION FORM**  
***ON YOUR TOES DANCE STUDIO***  
**4835 LEMAY FERRY ROAD – SUITE B**  
**ST. LOUIS, MO**  
**PHONE: 487-8082**

Student Name    First \_\_\_\_\_ Last \_\_\_\_\_

Mother Name    First \_\_\_\_\_ Last \_\_\_\_\_

Father Name    First \_\_\_\_\_ Last \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Birthday \_\_\_\_\_ Student School \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Number \_\_\_\_\_

Student Home # (\_\_\_\_) \_\_\_\_\_ Student Work # \_\_\_\_\_

Mother's Work # (\_\_\_\_) \_\_\_\_\_ Father's Work # (\_\_\_\_) \_\_\_\_\_

Pager/Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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

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

Class 5 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**IMPORTANT NOTES**

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 has read all of the studio policies given with this packet and understands all policies and procedures written.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If your child has any special needs or medical problems, please list on back of form.