



PARENT'S INFORMATION:

Mother's Name or Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

*Please print your email clearly. We send very important emails throughout the year. Thank you!

Father's Name or Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

DANCER INFORMATION:

Dancer Name: _____ DOB ____/____/____

Cell # _____ Email _____

Dancer Name: _____ DOB ____/____/____

Cell # _____ Email _____

Have you ever had any previous dance experience? What styles and where?

ENROLLMENT:

Classes: Day: Time:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

Does your child have any health condition that will affect his/ her performance in class? Yes ___ No ___

If yes, what should we know? _____

*How did you hear about us? _____

Credit Card Authorization Form

Name on Card: _____

Card Number: _____ Exp Date: _____

Credit Card Type: ___ Mastercard ___ Visa Identification Number (Last 3 Digits on the back of the card): _____

Address on Card: _____

City: _____ State: _____ Zip Code: _____ Amount to be Charged: \$ _____

I _____ authorize Spotlight Dance Academy Inc. to charge the agreed amount listed above to my credit card the first of every Month. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Print Name, Sign and Date Below:

Sign: _____ Date: _____