

**Studio of Dance Arts Registration Form**  
All information provided will remain confidential.

Student Name \_\_\_\_\_

Age \_\_\_\_\_ as of 9/1/08 Grade \_\_\_\_\_

Dance Class Day and Time \_\_\_\_\_

Parent \_\_\_\_\_

Address \_\_\_\_\_

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

Email address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Which number should you be contacted at in the daytime \_\_\_\_\_

Which number should you be contacted at in the evening ? \_\_\_\_\_

If there is an emergency during class, is there another person we contact if we are not able to reach you? \_\_\_\_\_

Does your child have any medical condition or take any medications that we should be aware of? \_\_\_\_\_

All children learn differently. If your child has any specialized learning needs, please let us know. We will work with you to create the best dance experience for your child. You may make a note here or call the studio to consult with your teacher.

\_\_\_\_\_  
\_\_\_\_\_

Please return this form with your payment to Studio of Dance Arts  
2660 North 72<sup>nd</sup> Street  
Omaha, NE 68134

Or email it to [sodancearts@cox.net](mailto:sodancearts@cox.net)