

# Dianna Durkin Dance Studio

767 E. Turkeyfoot Lake Rd. ~ Akron, OH 44319  
330-896-2364 ~ dddancestudio@yahoo.com

## 2017 - 2018 Registration – NEW STUDENT

### Registration Instructions:

1. Please complete this form, with all required information (one form per student).
2. Review the class(es) available for registration, and indicate which class(es) you would like to enroll in.
3. Sign and return this completed form along with the registration fee (per family): \$25 by 8/10; \$35 after 8/10

### Personal Information

Student's Name: \_\_\_\_\_ Responsible For Payment: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*Street City Zip*

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Other Email: \_\_\_\_\_

### How did you hear about our studio?

Family/Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Online (\_\_\_ Website \_\_\_ Facebook)

Community Performance \_\_\_\_\_ Other \_\_\_\_\_

### 2017 - 2018 Class Registration

<i>Class</i>	<i>Day</i>	<i>Start Time</i>	<i>Length</i>	<i>Teacher</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please explain if the student has any medical conditions that would pertain to dance class.

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

I grant permission to the Dianna Durkin Dance Studio to utilize photos and video of my child/children, for advertising purposes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_