

Metropolitan
DANCE THEATRE
of New Orleans

Date Enrolled: _____

Student _____

Age as of 9/1/09 _____ Date of Birth _____

Grade Level: _____ Current School Attending: _____

Guardian Name: _____ Business Phone: _____

Guardian Name: _____ Business Phone: _____

Address: _____ City: _____ Zip: _____

Parent Emergency Cell Phone: _____ Phone: _____

Email Address: _____

Previous Dance Training: Studio and number of years in training: _____

Does your child have any allergies or medical conditions that the staff needs to be aware of?

Please list an additional EMERGENCY CONTACT : _____

Relationship: _____ Phone: _____

How did you hear about us: _____

Class Choices: _____

Registration Fee:

New Student Registration Fee

\$50 for the first student

\$25 for each additional sibling

Returning Student Registration Fee*

\$25 per child

Registration Fees are non-refundable

Total Enclosed: _____

To register by mail, send this form with your non-refundable registration payment to:

MDT

829 West William David Parkway

Metairie, LA 70005

Registration is not complete until the parent/ guardian comes to the studio to fill out emergency contact information and necessary release forms.

New Students must register during our "Open House Registration" at the studio.