



Summer Program Registration Form

Date Enrolled: _____
Student's Name _____ Phone: _____
Address: _____ City: _____ Zip: _____
Parent Emergency Cell Phone: _____ Student's Age: _____
Guardian Name: _____ Business Phone: _____
Guardian Name: _____ Business Phone: _____
Email Address: _____
Date of Birth: _____ Grade Level: _____ Current School Attending: _____
Previous Dance Training: Studio and number of years: _____

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? _____

Please select what program the student will be enrolling in:

- Summer Dance Intensive
- Summer Camp - July 26-30 - \$150

There is a \$10 discount for campers paid in full by April 15th!

Please send this form with your camp tuition to:

MDT
829 W. Wm. David Pkwy
Metairie LA 70005