

Date Enrolled: \_\_\_\_\_



LLC

**Student** \_\_\_\_\_

Age as of 9/1/19 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Level: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent Emergency Cell Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Student Cell Phone (if applicable): \_\_\_\_\_

**Email Address 1:** \_\_\_\_\_

**Email Address 2:** \_\_\_\_\_

**Student's Email Address (if applicable) :** \_\_\_\_\_

**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: \_\_\_\_\_

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

Previous Dance Training: Studio and number of years in training: \_\_\_\_\_

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

OVER

## **New Student Registration Fee**

*\$50 for the first student*

*\$35 for each additional sibling*

## ***Returning Student Registration Fee\****

*\$35 per child*

Registration Fees and first month's tuition are non-refundable and required to reserve class placement.

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.*