

1st Student I	Name:	Age: Birth Date: / /				
2nd Student	Name:	Age: Birth Date: / /				
3rd Student	Name:	Age: Birth Date: / /				
Address:		7735				
City:		State: Zip Code:				
Mothers Nar	me:	_ Fathers Name:				
Work Place:		Work Place:				
Day/Work Ph	none:	Day/Work Phone:				
Cell Phone:		Cell Phone:				
E-mail Addre	ess:	E-mail Address:				
If new to Got	tta Dance, how did you hear about us?					
3, 4, or 5 les		h, and the cost of lessons remain the same whether there are if my child should withdraw from classes at Gotta Dance, I will I. I understand there are no refunds .				
Parent/Guar	dian Signature:	Date: / /				
MONTHLY T	TUITION: \$	Registration Fee (\$10 per student): \$				
	Office use:					
	AMOUNT DUE: \$	AMOUNT PAID: \$				
	First month tuition plus \$10 registration fee must be paid to register.					

MAIL TO: (Sterling Heights Studio)

GOTTA DANCE

44541 Schoenherr, Sterling Heights, MI 48313

Phone: (586) 566-0560

(Troy Studio)

GOTTA DANCE

5953 John R. Troy, MI 48085 Phone: (248) 680-8722

(Continued on side two.)

1st Student Name:			This will be your	year at Gotta Dance.
If not a returning student, las	st studio attended: _			
CLASS ID #	DAY	TIME	CLASS DESCRIPTION	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
2nd Student Name:			This will be your	year at Gotta Dance.
If not a returning student, las		TIME	CLASS DESCRIPTION	
1)				
2)				
7)				
8)				
1st Student Name:			This will be your	year at Gotta Dance.
If not a returning student, las	ot a returning student, last studio attended: CLASS ID # DAY TIME		CLASS DESCRIPTION	
1)				
2)				
3)				
4)				
8)				