



1st Student Name: _____ Age: _____ Birth Date: _____ / _____ / _____

2nd Student Name: _____ Age: _____ Birth Date: _____ / _____ / _____

3rd Student Name: _____ Age: _____ Birth Date: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mothers Name: _____ Fathers Name: _____

Work Place: _____ Work Place: _____

Day/Work Phone: _____ Day/Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

If new to Gotta Dance, how did you hear about us? _____

I do understand that tuition is due the first week of every month, and the cost of lessons remain the same whether there are 3, 4, or 5 lessons in a month—including Holidays. I also agree if my child should withdraw from classes at Gotta Dance, I will notify the studio immediately or I will automatically be charged. I understand there are **no refunds**.

Parent/Guardian Signature: _____ Date: _____ / _____ / _____

MONTHLY 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, last 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, last studio attended: _____

	CLASS ID #	DAY	TIME	CLASS DESCRIPTION
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____

1st Student Name: _____ This will be your _____ year at Gotta Dance.

If not a returning student, last studio attended: _____

	CLASS ID #	DAY	TIME	CLASS DESCRIPTION
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____