

Becky Nalevanko's Dance & Tumbling Studio
REGISTRATION FORM* 2008-09

(Please Print)

Date _____

Students Name _____

Mailing Address _____ City _____ Zip _____

Students Home Phone _____

As of September, 2008: Age _____ Grade _____

Birth Date _____ School _____

Mother's Name _____	Home Phone _____
Place of Employment _____	Work Phone _____
E-Mail Address: _____	Cell Phone _____
Father's Name _____	Home Phone _____
Place of Employment: _____	Work Phone _____
E-Mail Address: _____	Cell Phone _____

Siblings also enrolled at the Studio
1. _____
2. _____

PRE-DANCE CLASSES	_____ Pre-School & Kindergarten Tap, Ballet & Tumbling
	_____ Pre-School Tumbling
	_____ Mini Jazz – Ages 4-5
REGULAR CLASSES	ADDITIONAL CLASSES (non performing
classes)	
_____ Tap, Ballet & Jazz Combo*	_____ Jazz Technique*
_____ Tumbling	_____ Lyrical Class
_____ Ballet Technique/Pointe*	_____ Stretch Class
_____ Hip-Hop/Jazz Funk Class	
_____ Pom Pon Class	*Requirements for Competition Team

PARENT SIGNATURE _____

Person Responsible for Account Signature _____

List scheduling conflicts: Example – Church, religious classes, etc.

COMPETITION TEAM: Are you interested? YES _____ NO _____
Please obtain information from office. Letters of invitation will be sent to you if qualified.