

# Massari-Wood Dance Center

## Enrollment Form

Student Name: \_\_\_\_\_

Student e-mail Address: \_\_\_\_\_

Age \_\_\_\_\_ Birthday: \_\_\_\_\_

School Attending in Fall: \_\_\_\_\_ Grade entering in Fall: \_\_\_\_\_

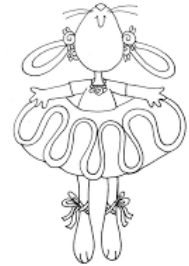
Past or Present Injuries/ Medical Conditions : \_\_\_\_\_

Classes Enrolling \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Parents Names: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers \_\_\_\_\_

\_\_\_\_\_

Father's Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Payment (Circle One):    Cash            Check            Credit Card**

Registration Fee of \$10 must be returned with this form to register.