

PATTI HERM SCHOOL OF DANCE REGISTRATION FORM

2024 -2025

NAME OF STUDENT _____ **AGE** _____

DATE OF BIRTH _____

MAILING ADDRESS _____ **CITY/ZIP** _____

EMAIL ADDRESS _____

HOME PHONE _____ **CELL** _____

SCHOOL ATTENDING (FALL 2024) _____

GRADE _____

MOTHER'S FULL NAME _____

PLACE OF EMPLOYMENT _____

FATHER OR OTHER GUARDIAN'S FULL NAME _____

PLACE OF EMPLOYMENT _____

WITH WHOM DOES THE CHILD RESIDE? _____

IN CASE OF AN EMERGENCY PLEASE CONTACT,
NAME _____ **PHONE** _____

PLEASE LIST ANY HEALTH PROBLEMS SUCH AS ALLERGIES OR PHYSICAL DISABILITIES WE SHOULD BE AWARE OF. _____

MEDICATIONS _____

PARENTS SHOULD CERTIFY BY THEIR SIGNATURE THAT THEY WILL BE RESPONSIBLE FOR ALL PAYMENTS FOR THE 2024 2025 SCHOOL YEAR AND WILL INFORM THE SCHOOL A MINIMUM OF TWO WEEKS IN ADVANCE IF THEIR CHILD IS NOT CONTINUING WITH DANCE CLASSES.

PARENT SIGNATURE _____ **DATE** _____

HOW DID YOU HEAR ABOUT US? (CIRCLE ONE)

NEWSPAPER AD WEBSITE FRIEND OR RELATIVE OTHER

PLEASE LIST PREVIOUS TRAINING OR EXPERIENCE IF YOU ARE NEW TO PATTI HERM SCHOOL OF DANCE. _____

PLEASE LIST THE CLASS OR CLASSES IN WHICH YOU ARE ENROLLING FOR THE 2024 – 25 YEAR. LIST THE DAY AND TIME AND NAME OF CLASS.

ADDITIONAL COMMENTS _____

Instructors will place students in appropriate class levels based on age and technique level. Patti Herm School of Dance reserves the right to adjust students accordingly. Please check the website for schedules, prices and policies.