

*Academy of the Arts 2009-2010 Registration Information*

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number(S) \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Alternate Emergency Contact? \_\_\_\_\_

Previous Dance Experience: \_\_\_\_\_

Preferred Classes: \_\_\_\_\_

Date Registered \_\_\_\_\_ Payment \_\_\_\_\_ Staff Initials \_\_\_\_\_

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