



Registration Form

Student _____ Age _____ Date of Birth _____

Address _____

City, State, & Zip Code _____

Telephone Number () _____ Work Phone () _____

Parent(s) Name _____

Telephone Number () _____ Work Phone () _____

Email Address _____

Emergency Contact (Other Than Listed Above)

Name _____ Telephone Number () _____

Relationship _____

How did you hear about Malone Studio?

Please Check One

Family/Friend Circular Ad Other

Television Referral

Explain: Which Ad? By Whom? Etc. _____

Please List Dance Experience, If Any

Signature _____ Date _____

PLEASE CONSULT A PHYSICIAN PRIOR TO ANY PHYSICAL ACTIVITY



Name	Telephone	Child's Name	Child's Age

Classes you wish to attend (Please Check)

Ballet		List any interest or concerns:
Tap		
Jazz		
Modern		
Pointe		
Tumbling		
Hip Hop		
Ethnic		