

Liliali Addi C35			
Address		City	Zip
Cell Phone	Home	Phone	
Student Date of Birth	Age	Enrollment Date_	
Health Insurance Company			
Please list any allerg	ies or Health problems/con	cerns the studio should b	e aware of:
Name of Emergency Contact		Phone	
How did you hear about DES? Lo	ocal Advertising	Friend (Name)	
Prior Years of Dance Experience	e Name of Stud	io	
Please list other Family member	rs registered with studio		
Please list other Family member			
	rs registered with studio		
	ered For (please circle one	e): Recreational / Co	mpany
Classes Registe	ered For (please circle one	e): Recreational / Co	mpany
Classes Registe	ered For (please circle one Day Day	e): Recreational / Col Time Time	mpany
Classes Registe Class 1 -Style Class 2 -Style	ered For (please circle one Day Day Day	e): Recreational / Col Time Time Time	mpany
Classes Registe Class 1 -Style Class 2 -Style Class 3 -Style	Day	TimeTimeTimeTimeTimeTimeTimeTime	\$10.00 late fee will be cl ntil the account is paid in eturned checks. No refun fundable. Costumes and to refunds for missed class ge Studio has permission dio, LLC. Dancing is a phy nd/or representatives he igents, employees, teach