

SPOTLIGHT DANCE LLC

NEW/RETURNING STUDENT REGISTRATION FORM (8/1/17)

New Students: complete all information • Returning Students: update with any changes

Student 3 (Gray area to be completed by Spotlight Staff)						
Name:				Birth Date:		
Email:				Grade:		
Additional Information (e.g. Health, Physical, or Other Concerns)						
Classes				Office Use Only		
Class Name	Day	Time	Class ID	Wait List	Hrs/Week	
				Total Hours Per Week:		
<input type="checkbox"/> Regular (9 Payments)				Cost/Payment:		
<input type="checkbox"/> Session (1 Payment)				Session Cost:		

Student 4 (Gray area to be completed by Spotlight Staff)						
Name:				Birth Date:		
Email:				Grade:		
Additional Information (e.g. Health, Physical, or Other Concerns)						
Classes				Office Use Only		
Class Name	Day	Time	Class ID	Wait List	Hrs/Week	
				Total Hours Per Week:		
<input type="checkbox"/> Regular (9 Payments)				Cost/Payment:		
<input type="checkbox"/> Session (1 Payment)				Session Cost:		