

SPOTLIGHT DANCE LLC

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

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

Family Information				
Last Name(s):		Reg. Date:		
Mailing Address:				
City, State:		Zipcode:		
Home Phone:				
Primary Email:				
Parent/Guardian Information				
Name:		Phone:		
Email:				
Name:		Phone:		
Email:				
Emergency Contact Information <small>(Complete only if different from Parent/Guardian Information)</small>				
Name:		Phone:		
Email:				
Name:		Phone:		
Email:				
Notes				
Tuition Summary <small>(Gray area to be completed by Spotlight Staff)</small>				
	Student Name	# Classes	Hours/Week	Cost
1				
2				
3				
4				
5				
6				
		Subtotal:		
		Registration Fee:		
		Total Amount Due:		
Payment Plan:	<input type="checkbox"/> Regular (9 Payments)	Payment Amount:		
	<input type="checkbox"/> Session (1 Payment)	Payment Type:		
		Receipt Number:		

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Student 1 (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 2 (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:	