SPOTLIGHT DANCE

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

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

	Stude	nt 3 (0	Gray area to be con	npleted by Spotligh	nt Staff)	
Name:					Birth Date:	
Email:					Grade:	
Additi	onal Informa	ation (e	e.g. Health, I	Physical, or (Other Concerns	s)
Classes					Office Use Only	
Class Name		Day	Time	Class ID	Wait List	Hrs/Week
Total Hou					s Per Week:	
Regular (9 Payments)				Cost/Payment:		
Session (I Payment)				Session Cost:		
				<u>'</u>		•
	Stude	nt 4 (0	Gray area to be con	npleted by Spotligh	nt Staff)	
Name:					Birth Date:	
Email:				Grade:		
Additi	onal Informa	ation (e	e.g. Health, I	Physical, or (Other Concerns	s)
Classes					Office Use Only	
Class Name		Day	Time	Class ID	Wait List	Hrs/Week
				Total Hours Per Week:		
Regular (9 Payments)				Cost/Payment:		
Session (I Payment)				Session Cost:		