

Dance Creations by Laurie

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STUDENT REGISTRATION FORM

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY/STATE: _____ **ZIPCODE:** _____

HOME PHONE NUMBER: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ **PHONE NUMBER:** _____

DATE OF REGISTRATION: _____

CLASS DAYS & TIMES:

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF:

PARENT'S SIGNATURE: _____ **DATE:** _____