

Please fill out in its entirety
TECHNIQUES DANCE CENTER
REGISTRATION FORM 2020-2021

Family Information

Family Last Name: _____

Street Address: _____ Town: _____

Home Phone () _____ Cell Phone () _____

E-Mail _____

Parent/Guardian Name : _____ Emergency Name & Phone: _____

Student Information

<u>Student 1</u>	<u>Student 2</u>	<u>Student 3</u>
Name: _____	Name: _____	Name: _____
Birth date: _____	Birth date: _____	Birth date: _____
This is your _____ year at Techniques?	This is your _____ year at Techniques?	This is your _____ year at Techniques?
Medical Comments: _____	Medical Comments: _____	Medical Comments: _____

Please check 1 In studio classes _____ Virtual Classes _____	Please check 1 In studio classes _____ Virtual Classes _____	Please check 1 In studio classes _____ Virtual Classes _____
Classes:	Classes:	Classes:
1. Day _____ Time _____ Type _____	1. Day _____ Time _____ Type _____	1. Day _____ Time _____ Type _____
2. Day _____ Time _____ Type _____	2. Day _____ Time _____ Type _____	2. Day _____ Time _____ Type _____
3. Day _____ Time _____ Type _____	3. Day _____ Time _____ Type _____	3. Day _____ Time _____ Type _____
4. Day _____ Time _____ Type _____	4. Day _____ Time _____ Type _____	4. Day _____ Time _____ Type _____
5. Day _____ Time _____ Type _____	5. Day _____ Time _____ Type _____	5. Day _____ Time _____ Type _____
6. Day _____ Time _____ Type _____	6. Day _____ Time _____ Type _____	6. Day _____ Time _____ Type _____

For Techniques Processing Only

1 st Month Paid: \$ _____	Reg. Fee: \$ _____	Date: _____
May Paid: \$ _____		Processor's Initials _____
Method: Check # _____	Cash _____	Amount due Monthly: _____