

Inspire Dance Santa Barbara School of Technique and Performing Arts Registration Form

Student Name: Last Name _____ **First** _____

Gender: _____ Date of Birth MM/DD/YYYY: _____ Age: _____ School Grade: _____

	Class	Day	Time		Class	Day	Time
1.	_____	_____	_____	6.	_____	_____	_____
2.	_____	_____	_____	7.	_____	_____	_____
3.	_____	_____	_____	8.	_____	_____	_____
4.	_____	_____	_____	9.	_____	_____	_____
5.	_____	_____	_____	10.	_____	_____	_____

Student Contact Information (Required for Adults, optional if under 18):

Address: _____ City _____
 City _____ State _____ Zip Code _____
 Home Phone: () _____ Cell Phone () _____
 Email _____ Alternate Email _____

Parent/Guardian Contact Information (Required if under 18 years of age):

Father _____ Mother _____
 Address: _____ City _____
 State, Zip Code _____
 Home Phone: () _____ Cell Phone () _____
 Email _____ Alternate Email _____

We strive to provide a positive learning experience for all students. Does your dancer have any special needs (ADHD, anxiety, medical issues, etc.) we should be aware of? If so, please explain: _____

Parent/Guardian Acknowledgement:

I have read and agree to comply with Inspire Dance SB School's Class Guidelines and Policies.

Signature _____
 Print Name _____ Date _____

Ballet School Use Only Below this line:

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- | | |
|---|---|
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Scholarship Form |
| <input type="checkbox"/> Tuition & Enrollment Form | <input type="checkbox"/> Emergency Contact & Release Form |
| <input type="checkbox"/> Guidelines & Policies Form | <input type="checkbox"/> Image & Performance Release Form |

Inspire Dance Santa Barbara School of Technique and Performing Arts
El Mercado Center: 4141 State St. Suite F6 (Upstairs)
(805)770-5295 Email: info@inspiredancesb.com
Web Address: www.inspiredancesb.com
 Non-Profit 501 (c)(3)