



**REGISTRATION FORM**

**STUDENT**

**NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

M/F (circle) Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Student Cell #: \_\_\_\_\_

Student email address:  
\_\_\_\_\_

Returning UCD Student? \_\_\_ Yes \_\_\_ No

**Name of Parent/Guardian**

\_\_\_\_\_

Address \_\_\_\_\_

# Street

City ST Zip

Parent Home #: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_

Parent Employer: \_\_\_\_\_

Parent Work #: \_\_\_\_\_

Parent email

address: \_\_\_\_\_

**Please write legibly. Updates are emailed.**

**Name of Parent/Guardian #2**

\_\_\_\_\_

Different Address from above?

\_\_\_\_\_

# Street

City ST Zip

Parent Home #: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_

Parent Employer: \_\_\_\_\_

Parent Work #: \_\_\_\_\_

Parent email

address: \_\_\_\_\_

\_\_\_\_\_

**Name of Student's School:**

\_\_\_\_\_

\_\_\_\_\_

School's City: \_\_\_\_\_

Type of School: \_\_\_ Public \_\_\_ Private

\_\_\_ Home Schooled Current Grade: \_\_\_\_\_

**Years of Previous Dance Training:** \_\_\_\_\_

How many days a week do you dance? \_\_\_\_\_

(Attach any dance resumes to this form)

Areas of Dance Studied:

\_\_\_\_\_

\_\_\_\_\_

Previous Dance Schools Attended: \_\_\_\_\_

Goal of Enrolling at UCD: \_\_\_\_\_

\_\_\_\_\_

How did you hear about UCD? \_\_\_\_\_

**Person Responsible for**

**Tuition:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

*Parent*

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Please complete this form and return it to the studio with the appropriate registration fee. In order to better serve our clients, we prefer that registration fees be paid in person so that we may discuss your dancer's goals and class schedule. Thank you.*