

Premier Dance Academy

132 Starcrest Drive N. – Clearwater, FL 33765 – 727.446.8500 ph. – 727.446.8550 fax

Office@premierdanceacademyfl.com – e-mail

REGISTRATION FORM – PLEASE PRINT CLEARLY

Student's Last Name: _____ First: _____

Address: _____

City / State: _____ Zip: _____

Student's cell phone: _____ **e-mail address** _____

School attending: _____ Grade: _____

Birthdate: _____ Age: _____

Parent/Guardian Information: Both Mother & Father _____; Mother _____; Father _____; Other _____

Parent(s) or Guardian(s) Name(s): _____

Email address(s) : _____

Home phone: _____ Mother's cell: _____ Father's cell: _____

Mother's employer: _____ Work phone: _____

Father's employer: _____ Work phone: _____

IN CASE OF EMERGENCY – PLEASE CONTACT: (please provide one other than parent)

_____ number: _____ relationship: _____

_____ number: _____ relationship: _____

MEDICAL INFORMATION (allergies, restrictions, limitations, etc.): _____

PREVIOUS TRAINING:

of years: _____ Studio(s): _____

Style of dance(s) previously trained in: _____

PREMIER DANCE ACADEMY WAS RECOMMENDED BY:

Friend's Name: _____ by attending performance: _____ Newspaper: _____

Telephone book: _____ Internet: _____ Other (please specify): _____