



Prodigy Dance Center Registration Form/Student Information

Student Information

Full Name: _____ Date of Birth: _____

Mailing Address: _____

Primary Phone: _____ Alt Phone: _____

Name of Person Responsible for Paying Fees: _____

Primary Email Address: _____

Primary Billing Phone Number: _____

Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes

Registration Fee: _____ Tuition: _____ **Total Monthly Tuition:** _____

Medical

1st Contact's Name: _____ Phone: _____

2nd Contact's Name: _____ Phone: _____

Allergies: _____

Will your child require any special medical attention during a normal class: Yes No

If Yes, Explain:

