Summer Class Card Registration Form

Parent Name:	Student Name:		
Address:			
City:	State:	Z	ip Code:
Home phone: ()_		Cell phone: (_)
E-mail Address:	Birthdate (m/d/y):		
Emergency Contact:			
Contact Name:		Cell Phone:	
Relationship:			
	oughout summer:		ards expire Aug 8 th , 2025. purchased
1	Class	Day _	Time
2	Class	Day _	Time
3	Class	Day	Time
4	Class	Day _	Time
5	Class	Day	Time
6	Class	Day	Time
7	Class	Day	Time
8	Class	Day	Time
9	Class	Day	Time
10.	Class	Day	Time

Please initial the following:

All Class Card Holders MUST sign in with each teach	er for each class he or she is attending. This is
MANDATORY.	
All Class Card Hours expire August 8 th , 2025.	
Signature:	Date:
How did you hear about Dance Institute?	