

Joni's Dance Center
 109 Sanford Street
 Unit D-2
 Hamden, CT 06514
 203 287-0022



*Registration Form
 2013 - 2014*

Student Name: _____	Full Address: _____
Birth Date: _____	Street
Student's Phone/Cell: _____	Town State Zip
Home Phone #: _____	Student's Email: _____

Mother's Name: _____	Father's Name: _____
Mother's Cell#: _____	Father's Cell#: _____
Mother's Work#: _____	Father's Work#: _____
Mother's Email: _____	Father's Email: _____
If Mother's Address is different:	If Father's Address is different:
<i>Please include street, town, state & Zip code</i>	
<i>Emergency Contact not listed above to contact if we cannot reach you : name, home phone, Cell phone & relationship -</i>	

Dance Experience - Years with Joni's Dance Center _____ Other Dance Experience _____ <i>I give permission for class or performance photos of my child/children to be used by Joni's Dance Center in press releases, Joni's Website &/or any other Joni's production or advertising materials.</i> Please sign one - I agree _____ I Do Not Agree _____

<i>Please circle your choice of classes for this year -</i>							
<i>Ballet</i>	<i>Tap</i>	<i>Jazz</i>	<i>Hip Hop</i>	<i>Modern</i>	<i>Performing Group</i>	<i>Lyrical</i>	<i>Musical Theatre Movement</i>

<i>Office use only: Class -</i>								
<i>Class</i>	<i>Ballet</i>	<i>Tap</i>	<i>Jazz</i>	<i>Hip Hop</i>	<i>Modern</i>	<i>PG</i>	<i>Lyrical</i>	<i>Musical Th</i>
<i>Day</i>								
<i>Time</i>								
<i>Registration Fee</i> _____			<i>1st month Tuition</i> _____			<i>Check #</i> _____		
<i>or Cash</i>								

