



"Because your sparkle comes from within"

REGISTRATION FORM

Checks to be made payable to Starfish Dance LLC. Mail payment to: Starfish Dance, 62 Maida Terrace, Red Bank, NJ 07701

Student's Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____

Home Address: _____ City: _____

Zip Code: _____ Home Phone Number: (____) _____

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD

1. Name: _____ Relationship to Child: _____

Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____ Place of Employment: _____

2. Name: _____ Relationship to Child: _____

Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____ Place of Employment: _____

ALL PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: _____ Relationship to Child: _____ Phone: _____

2. Name: _____ Relationship to Child: _____ Phone: _____

3. Name: _____ Relationship to Child: _____ Phone: _____

CLASS PARTICIPATION (Class Name, Day, Time)*

1. _____

2. _____

3. _____

4. _____

How did you hear about our studio? _____

Please list prior dance experience (i.e. number of years, technique studied, teachers, etc.):

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ RELATIONSHIP TO STUDENT: _____

WITNESS (Must be at least 18 years of age): _____

RELEASE AND AUTHORIZATION

Name of Student: _____

**Please contact Ms. Dore via email dore@starfishdancestudio.com or call 732-245-2511
for detailed class descriptions, private instruction and parties.
For discounts, payment information and registration visit www.starfishdancestudio.com**

* Class space is limited, so please contact us as soon as possible to ensure an open space for your child.