



T: (246) 262-7595 E: praiseacademybds@yahoo.com  
www.praiseacademyofdance.org



REGISTRATION FORM

STUDENT INFORMATION

NEW STUDENT /RETURNING STUDENT

NAME: .....

ADDRESS: .....

TELEPHONE: (H)..... (W)..... (C) .....

EMAIL: .....

DATE OF BIRTH: DAY..... MONTH ..... YEAR .....

GENDER: MALE ..... FEMALE ..... NATIONALITY: .....

DATE REGISTERED: DAY ..... MONTH ..... YEAR .....

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PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

NAME..... RELATIONSHIP: .....

ADDRESS: .....

TELEPHONE: (H) ..... (W) ..... (C).....

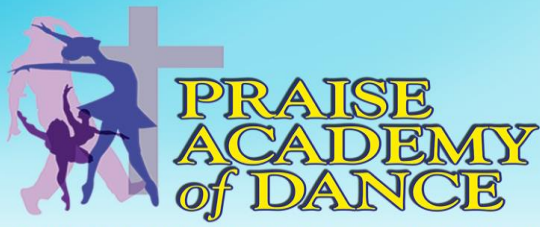
E-MAIL: .....

CHURCH: .....

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HAVE YOU EVER DANCED BEFORE? (if yes, please state where, when and whether or not you have had formal training and with whom:

.....  
.....



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WHAT STYLES OF DANCE ARE YOU INTERESTED IN? .....

HOW DID YOU HEAR ABOUT PRAISE ACADEMY OF DANCE AND WHAT CAUSED YOU TO JOIN?  
 .....  
 .....

**MEDICAL DECLARATION**

Are you presently, or have you ever suffered with any of the following? Please circle all that apply/s YES or NO: .....

Heart Disease, Cardiac Arrest, Chest Pains, Shortness of Breath, Asthma, Seizures,  
 Hypertension, Anemia, Tumor, Cancer, Hepatitis B, Diabetes, Neck injury, Knee injury, Back  
 injury, Spinal injury, Hip injury, Leg injury.

If **YES**, please state the nature of your illness/injury and any relevant details, including whether  
 or not the stated illness requires medication or whether the stated injury required surgery.  
 Please state any other illness / injury which you may have suffered.

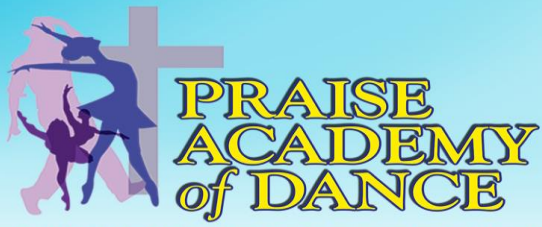
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 .....

NAME: ..... SIGNATURE: .....

(If under 18 the form must be signed by a parent/guardian)

**For Official Use Only**

Class Assignment	Level	Day/s	Time	Teacher



# PRAISE ACADEMY of DANCE

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Payment Information						
Total Fee	Discount (if applicable)	Amount Paid	Balance	Receipt #	Date	Signature
\$		\$	\$			
Payment Plan	Deposit	Amount Due	Date Due	Receipt #	Date:	Signature
\$		\$				
\$		\$				
\$		\$				

Remarks/ Comments: