



New Student Registration 2010/2011

An annual, non-refundable registration fee of \$25.00 is required at the time of registration. Registration fees are half price for each additional immediate family member.

STUDENT INFORMATION (Please complete all information for the student)

Student's Name _____ Date of Birth _____ Current Age _____
 Address _____ City _____, VA Zip _____
 Phone _____ Work Phone (if applicable) _____ Cell Phone (if applicable) _____

PARENT INFORMATION (Please complete all parent/guardian information. Please fill in bill information for bill recipient if other than parent.)

Mother/Guardian Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ E-Mail Address _____
 Work Phone _____ Employer _____

Father/Guardian Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ E-Mail Address _____
 Work Phone _____ Employer _____

Sibling Information (Please list all siblings enrolled at Jessica Morgan's School of Dance)
 Name _____ Address _____ City _____ State _____ Zip _____

Bills sent to (other than parent)
 Name _____ Address _____ City _____ State _____ Zip _____

Pre-School Information (Please answer all questions)

Does your child attend pre-school/daycare? Y N If yes, what day(s)? M T W Th F S
 Is a morning class an option? Y N If yes, what day(s)? M T W Th F S
 Is a 2pm-3pm class an option? Y N If yes, what day(s)? M T W Th F S
 Day(s) **NOT** available to take class? Y N If yes, what day(s)? M T W Th F S
 Do you carpool? Y N If yes, with whom? _____

Elementary, Middle, High School Information (Please provide all information)

School Attending 2010/2011 _____ Grade Level _____ Dismissal Time _____
 Day(s) **NOT** available for class? M T W Th F S Do you carpool? Y N If yes, with whom? _____

Please list below classes your child completed this past year (2009/2010). Please note that students will be rated and moved to the next level based on experience, maturity level, technical ability, attention span, and teach recommendation. Also note the more limitations on your child's availability to take class the less likely they will be placed in the next progressive level. **Students from a Trio I or Trio II class may be recommended to repeat the class, but as a Level II Trio I or Level II Trio II.**

Class _____	Day _____	Time _____	Teacher _____	A/C/D Code _____
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Class _____	Day _____	Time _____	Teacher _____	A/C/D Code _____
Class _____	Day _____	Time _____	Teacher _____	A/C/D Code _____
Class _____	Day _____	Time _____	Teacher _____	A/C/D Code _____

NOTE: Students interested in Performing Group opportunities must take all 3 styles of dance. Information is available in the office.

Students taking individual classes (not combination in Ballet/Tap/Trio) may add classes. List classes you wish to add here _____

