



Pointe of JOY - JOYHouse Dance Dance Class Registration

Student: (first) _____ (middle) _____ (last) _____

Age: _____ Date of Birth: _____ Grade: _____ School: _____

Legal Guardian: _____ Relation: _____ Phone: _____

Legal Guardian: _____ Relation: _____ Phone: _____

Do both legal guardians live in the same household as the student? Yes No

Primary Mailing Address: _____

E-mail address for receiving important information: _____

Facebook Name(s): 1. _____ 2. _____

Please list 3 phone numbers to receive phone tree alerts/special reminders regarding weather & classes:

Phone: 1. _____ (name and relation) _____

Phone: 2. _____ (name and relation) _____

Phone: 3. _____ (name and relation) _____

Place a check mark beside each of the classes you are enrolling in:

_____ Level I (2-3yr): Mommy & Me - 30 min weekly class

_____ Level II (4-5yr): Ballet, Tap, & Jazz - 60 min weekly class

_____ Level III (6-8yr): Ballet, Tap, Modern & Jazz - 120 min weekly class

_____ Level IV (9-13yr): Ballet/Pre-Pointe - 90 min weekly class

_____ Level IV (9-13yr): Modern, Tap & Jazz - 120 min weekly class

_____ Level IV-V (9-18yr): Liturgical* - 60 min weekly class

_____ Level V (9-18yr): Modern, Tap & Jazz - 120 min weekly class

_____ Level V (14-18yr): Advanced Ballet & Pointe, 180 min weekly class

_____ Private 30 minute lesson - \$25/lesson, can meet 2 or 4 times/month, by appointment only

_____ Private 45 minute lesson \$40/lesson, can meet 2 or 4 times/month, by appointment only

* Liturgical students are required to also enroll and participate in at least one additional technique class.

Please list any physical, psychological, or behavioral conditions, illnesses or injuries that could prevent the dancer from fully participating in classes: _____

By initialing each statement and signing this registration form I acknowledge that I have read

Pointe of JOY - JOYHouse Dance, LLC Studio Rules and Policies located on the website:

pointeofjoy-joyhousedance.com and will uphold these policies to the best of my ability.

I attest that I do have and will keep a personal insurance policy and I understand that any illness or injury will be my own financial and legal responsibility, even in the loss of being able to perform.

Legal Guardian Name _____ Signature _____ Date _____

Student Guardian Name _____ Signature _____ Date _____