



346 13th Street
Ashland, KY 41101

Enrollment Form

www.danceardt.com

(606)324-5434

FAMILY INFORMATION (Responsible Party)

Family Name:	
Home Address:	
City, State, Zip:	Home Phone:
Emergency Contact and Phone: <i>(Other than Contacts listed below)</i>	

CONTACT #1

First Name:	Last Name:	Relationship:
eMail Address:		<i>(Mother, Father, Grandmother, etc)</i>
Cell Phone:	Employer:	Work Phone:

CONTACT #2

First Name:	Last Name:	Relationship:
eMail Address:		<i>(Mother, Father, Grandmother, etc)</i>
Cell Phone:	Employer:	Work Phone:

STUDENT #1

		Class#	Description	Day / Time
First Name:	Last Name:			
Birthdate:	Grade:			
School:				
Disabilities:				
Allergies:				
Medications:				

STUDENT #2

		Class#	Description	Day / Time
First Name:	Last Name:			
Birthdate:	Grade:			
School:				
Disabilities:				
Allergies:				
Medications:				

STUDENT #3

		Class#	Description	Day / Time
First Name:	Last Name:			
Birthdate:	Grade:			
School:				
Disabilities:				
Allergies:				
Medications:				

\$40 Registration Fee plus a minimum \$100 payment (\$140 total) is due upon enrollment.

Participant, Parent or Guardian Signature:	Date:
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