

# DANCE ARTS

**Dance Arts Studio**  
 555 Burbank Street, Unit N  
 Broomfield, CO 80020  
 Ph. 303-466-3212 // Fax 303-466-5025  
 www.danceartsstudio.org

**s t u d i o**

Registration Date:

Account No.

Billing Name

Address

City  State  Zip/Postal

Hm Phone  Private

E-Mail

Parent 1  Hm. Phone

Employer  Wk. Phone

Cell  Pager

Parent 2  Hm. Phone

Employer  Wk. Phone

Cell  Pager

Emergency Contacts

Phone

Phone

Phone

Phone

Student Name

Address

City  State  Zip/Postal

Birthdate  School  Grade  SSN

E-Mail

Medical Info:

Dr. Name  Phone

Classes	Name	Level	Room	Day	Time	Tuition
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Registration Fee:  Total Tuition:

Tuition is due the 15th and assessed a \$10.00 late fee on the 25th. Any account that faces collection will also be responsible for court costs and attorney fees.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_