

# The Woodland Opera House Dance Education Family Registration Form

Classes \_\_\_\_\_  
\_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ M / F (circle) D.O.B \_\_\_\_\_  
 Student Name \_\_\_\_\_ Age \_\_\_\_\_ M / F (circle) D.O.B \_\_\_\_\_  
 Student Name \_\_\_\_\_ Age \_\_\_\_\_ M / F (circle) D.O.B \_\_\_\_\_  
 Student Name \_\_\_\_\_ Age \_\_\_\_\_ M / F (circle) D.O.B \_\_\_\_\_  
 Student Name \_\_\_\_\_ Age \_\_\_\_\_ M / F (circle) D.O.B \_\_\_\_\_

Parent Name \_\_\_\_\_ Home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

In an emergency, I authorize the Woodland Opera House to seek immediate medical treatment for:

Student Name \_\_\_\_\_ Signature \_\_\_\_\_

\$ \_\_\_\_\_ Per Month

\$25 Registration Fee \_\_\_\_\_

Date	Check #	Month	Amount Paid
_____	_____	Sept.	_____
_____	_____	Oct.	_____
_____	_____	Nov.	_____
_____	_____	Dec.	_____
_____	_____	Jan.	_____
_____	_____	Feb.	_____
_____	_____	Mar.	_____
_____	_____	April	_____
_____	_____	May	_____