

ST. MARK'S DANCE STUDIO
301 A STREET, SE
WASHINGTON, DC 20003
Website: stmarksdancestudio.org

REGISTRATION FORM
PLEASE PRINT CLEARLY

Child

Name _____

Address _____

City / State / Zip Code _____

Telephone _____

Date of Birth _____ Former Student: Yes _____ No _____

Month/Day/Year
 00/00/0000

Parents/Guardian or Adult Student

Name: _____

Address: _____

City / State / Zip Code: _____

Home Telephone (if different from above) _____

Work Telephone: _____ Cell/Mobile Telephone: _____

E-Mail Address: _____

Former Student: Yes _____ No _____

FOR INTERNAL USE ONLY

Class Assignment: _____ Reg. Fee _____
 1st Semester _____ 2nd Semester _____ Family Rate _____

DATES	CHECK AMOUNTS	CHECK #s	CASH	BALANCES

MAKE CHECKS PAYABLE TO ST. MARK'S CHURCH
 (Memo Section – Dance Studio & Students Name)