

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: _____

Home Telephone: _____

Date of Birth: _____

Day / Month / Year
00/ 00/0000

Parent / Guardian or Adult Student

Name: _____

Address: _____

City / State / Zip Code: _____

Home Telephone: _____

Work Telephone: _____ Cell Telephone: _____

E-Mail Address: _____

Former Student: Yes _____ No _____

FOR INTERNAL USE ONLY

Class Assignment: _____ School Year: _____

DATES	CHECK AMOUNTS	CHECK #s	CASH	BALANCES

**MAKE CHECKS PAYABLE TO ST. MARK'S CHURCH
(child's name in the memo section)**