

Utah Dance Artists  
 11021 South Redwood Road  
 Suite 200  
 South Jordan, UT 84095  
 (801) 562-0913

**Registration Form**

Registration Date:   
 Account No.

**Billing Name**

**Address**

**City**  **State**  **Zip/Postal**

**Hm Phone**  **SSN**  **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**

**E-Mail**  **SSN**

**Birthdate**  **Sex**  **School**  **Grade**

**Medical Info:**

**Dr. Name**  **Phone**

**Classes**

Name	Level	Room	Day	Time	Tuition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Registration Fee:**  **Total Tuition:**

Please complete ALL information boxes EXCEPT Social Security Numbers and student contact info.  
 ALLERGIES: List any food or medical allergies.  
 MEDICAL INFO List any ongoing medications or physical limitations or special needs.  
 ALL CLASS CHANGE REQUESTS MUST BE APPROVED BY BROOKE MAXWELL.

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