



2013-2014 EARLY FALL REGISTRATION! 10<sup>TH</sup> ANNIVERSARY

TODAY'S DATE: \_\_\_\_\_ STUDENTS BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

STUDENT NAME: FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

PARENTS: FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

HOW MANY YEARS HAS THE STUDENT BEEN WITH BAYPOINTE? \_\_\_\_\_

HOW MANY YEARS HAS THE STUDENT STUDIED DANCE? \_\_\_\_\_

SCHOOL STUDENT ATTENDS: \_\_\_\_\_ GRADE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

IS THE STUDENT ALLERGIC TO ANYTHING OR HAVE ANY

INJURIES: \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_

OFFICE USE ONLY:

CLASS: \_\_\_\_\_ TIME: \_\_\_\_\_ TUITION: \_\_\_\_\_