Early Fall 2016-2017 Registration $25.00 DISCOUNT FEE BY JULY 1ST

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:_____Fee:_____