



2018-2019 Fall Registration Form

\$35.00 registration fee

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: check # _____ card _____ cash _____

