

Registration Form

State of the Arts Dance and Music Center
 90 Aileron Ct., Suite 3
 Westminster, MD 21157
 410-848-6048

Registration Date:

Account No.

Billing Name

Address

City State Zip/Postal

Home Phone

E-Mail

Mother Hm. Phone

Employer Wk. Phone

Cell

Father Hm. Phone

Employer Wk. Phone

Cell

Emergency Contacts

Phone

Phone

Phone

Please state how you heard about us:

Student

Address

City State Zip/Postal

E-Mail

Birth Date Sex School Grade

Medical Info:

Doctor's Name Phone

Classes

Name	Level	Studio	Day	Time	Tuition

Registration Fee: Total Tuition:

Please read all the registration materials provide to you at your sign-up, and thank you for using State of the Arts Dance and Music Center.

Parent's Signature: _____ **Date:** _____