

Kennedy Dance Theatre
15210 Hwy 3 Ste 109 ~ Webster, Texas 77598 ~ (Tel) 281-480-8441 (Fax) 281-480-8466

Registration Form

Billing Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____

***Email** _____

** (MUST have...we communicate with you primarily by email!)*

Parent #1 _____ **Home Phone** _____

Cell # _____

Work # _____

Parent #2 _____ **Home Phone** _____

Cell # _____

Work # _____

Emergency Contact:

Name _____ **Phone** _____

Student Name _____

If different from above:

Address _____

City _____ **State** _____ **Zip** _____

Birth date _____ **Sex** _____ **Grade** _____

School _____

Dance Experience _____

Medical Info:

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

| Class Name | Level | Room | Day | Time | Tuition |
|------------|-------|------|-----|------|---------|
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I have read and will follow the rules and policies of Kennedy Dance Theatre (KDT) as outlined in the Welcome Packet/Student Handbook. I also assume all financial responsibility for the student enrolled at KDT.

Date: _____

Printed name of student: _____

Printed name of parent or responsible party: _____

Signature of parent, responsible party or student: _____

(student must be 18 years old)

Referred by: _____