



1138 Elizabeth Avenue
 Lancaster, PA 17601
 Phone: 717.393.6151
 Fax: 717.393.6520
 E-Mail: cadance@epix.net

2007/2008 Season
Registration Application

Student 1 _____ Age as of 9/1/07 _____ D.O.B. _____ M ___ F ___
 Student 2 _____ Age as of 9/1/07 _____ D.O.B. _____ M ___ F ___
 Parent/Guardian Name _____
 Address _____ City _____ State ___ Zip _____
 Home Phone _____ Cell _____ Work Phone _____
 e-mail _____ School District _____ Grade _____
 Physicians Name/Phone _____
 Medical Concerns _____

BILLING INFORMATION (IF DIFFERENT FROM PARENT/GUARDIAN)
 Name _____ Billing e-mail _____
 Address _____ City _____ State ___ Zip _____
 Home Phone _____ Cell _____ Work Phone _____

BALLET:
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
TAP:
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
JAZZ:
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
POINTE ___ PRE-POINTE ___:
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
LYRICAL:
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
MUSICAL THEATRE:
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
HIP HOP:
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
 STUDENT _____ LEVEL _____ DAY _____ TIME _____
BOYS ONLY:
 STUDENT _____ DAY _____ TIME _____
STEP BY STEP:
 STUDENT _____ DAY _____ TIME _____

Tuition Payment _____ Registration Fee _____ Total Enclosed _____

Mail To: Carol's Academy of Dance, 1138 Elizabeth Avenue, Lancaster, PA 17601 **Or Fax To:** 717.393.6520
Along With: First Month's Tuition and Registration Fee **Make Checks Payable To:** Carol's Academy of Dance
 Credit Card Information: MC _____ Visa _____ Discover _____ Amount \$ _____
 Card # _____ Expiration Date _____