



2700 Flora St. Dallas, TX 75201  
 P.O. Box 131290, Dallas, TX 75313-1290  
 214.871.2387 Phone  
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 academy@dbdt.com

New Student  
 Returning Student

**REGISTRATION FORM  
 2011-2012**

Please Print & Complete **ALL** Sections

Student Information			
Student's Name:		Ethnicity:	Age: Gender:
School Attending:		Grade:	DOB:
Home address:		City:	Zip Code:
Home Phone:	Student's Phone:	Medical Conditions:	
Parent/Responsible Party & Adult Student Information			
Name:		Cell Phone:	
Email Address:		Work Phone:	
Emergency Contact ( <i>other than parent</i> ):	Emergency Phone:	Relationship:	
Employer:			
Does your company contribute to the Arts? Y N Offer matching Funds? Y N			
Household Income: ___ \$20,000 and below ___ \$50,000 and below ___ \$75,000 and below ___ other			
Would you like to be an Academy Volunteer? Y/N Weekdays ___ Saturdays ___ Evenings ___			
Class Information			
<b>Please check the class(es) you are registering for:</b>			
<input type="checkbox"/> Ballet	<input type="checkbox"/> Tap	<input type="checkbox"/> Jazz	<input type="checkbox"/> Modern
<input type="checkbox"/> Hip Hop	<input type="checkbox"/> African	<input type="checkbox"/> Mommy & Me	Other _____
<b>Dance History: Previous training, most recent classes &amp; location - OR # of years at DBDT:</b>			
<b>How did you hear about Dallas Black Dance Theatre/Academy?</b>			
Enrollment Information			
Day / Time / Class:		Instructor:	
Day / Time / Class:		Instructor:	
Day / Time / Class:		Instructor:	
Day / Time / Class:		Instructor:	
Day / Time / Class:		Instructor:	
Day / Time / Class:		Instructor:	

**Consent/Liability Waiver/Financial Agreement**

**Consent and Waiver of Claim**

I consent to enroll my child \_\_\_\_\_ and agree that Dallas Black Dance Theatre/Academy shall not be held liable for lost or stolen items or for injuries sustained while on or around the premises located at 2700 Flora Street. It is the policy of Dallas Black Dance Theatre to notify parents or emergency contact incase of illness or injury of any student on or around the premises of DBDT/A.

I have read all policies & procedures and agree to the above statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Parent must sign if student is a minor.**

**FOR OFFICE USE ONLY**

Annual Fee:	Semester Fee:	Monthly Fee:	Class Card

Enrollment Date:	Staff Signature:	Registration Amount:	
		Tuition Amount:	
		<b>TOTAL PAID TODAY:</b>	

**Recital Fee \$25**

PAID	Pymnt Type	Check No.	Date of Pay

**Number of Costumes:** \_\_\_\_\_ **Costume Total:** \_\_\_\_\_

	Total Payment	Date of Pay	Pymnt Type
			or Check #
Costume 1	\$		
Costume 2	\$		
Costume 3	\$		
Costume 4	\$		

	Total Payment	Date of Pay	Pymnt Type
			or Check #
	\$		
	\$		
	\$		
	\$		

Costume 1 order date \_\_\_\_\_  
 Costume 2 order date \_\_\_\_\_  
 Costume 3 order date \_\_\_\_\_  
 Costume 4 order date \_\_\_\_\_