



Dance Unlimited

Studio of Dance Arts

Summer Musical Theatre Camp

Student # _____

Family # _____

New Student

Returning Student

(Only fill in name and new information)

Child's Last Name _____ First Name _____

Street Address _____

City _____ Zip _____ Home Ph _____ Work Ph _____

Birthday _____ Age _____ Grade _____ Emergency Phone _____

Name of Parent/Legal Guardian _____

Parent's Cell Phone _____ Students Cell Phone _____

Parent's Email _____ Students Email _____

Has your child had any previous dance training _____ If Yes Describe _____

Please list the consecutive years the student has participated in Dance Unlimited Recitals. _____

(Be accurate, students may qualify for ribbons & trophies)

Does your child have a history of physical, mental, or emotional disorders? _____

If Yes, Please Explain _____

Is your child required to take any special medication? _____

How did you hear about us? _____

I have received my Dance Unlimited Handbook? yes no

CLASS	DAY	TIME

ADMINISTRATIVE USE ONLY

Paid In Full Balance Owed: _____

Notes: _____

Cash Check Charge

Total Class Tuition _____

Reg Fee (\$25/\$35) _____

Dancewear _____

Total Paid _____

Check/Card# _____

Last 4 digits of Card

**Payments are non-refundable

Parent's Signature _____ Date _____

10101 Lantana Rd (NW corner of 441 behind Hess) Lake Worth, FL 33467

www.Dance-unlimited.com

561-641-2063