

# GRANITE STATE DANCE CENTER

## Enrollment Information

Student Name: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone (home/cell): \_\_\_\_\_

Email: \_\_\_\_\_

I wish to enroll in the following class(es):

Class(es)

Day

Time

Class(es)	Day	Time
_____		
_____		
_____		
_____		

I give permission for Granite State Dance Center to use photographs of my child in promotional pieces (print and online):  Yes  No

FOR OFFICE USE: Registration Fee  Paid?