



314.997.7837

1201 N. Warson
St. Louis, MO 63132

DimensionsDanceCenter.com

Please enter information in this form, print and bring to DDC.

Registration Form

PARENT ACCOUNT INFORMATION

Parent Last Name: _____ **Parent First Name:** _____

Parent Address: _____
Street City/State Zip Code

Parent Email address: _____

Parent Home Phone: _____

Parent Cell Phone: _____

Place of Employment: _____

Parent Work Phone: _____

Emergency Contact(s):

Student #1

Student Last Name: _____ **Student First Name:** _____

Student Address: _____
(if different) Street City/State Zip Code

School (if applicable): _____

Student Phone: _____

Registration Date: _____ **Date of Birth:** _____ **Grade:** _____

Student Email Address: _____

Classes:	Year:
_____	_____
_____	_____
_____	_____

Student #2

Student Last Name: _____ **Student First Name:** _____

Student Address: _____
(if different) Street City/State Zip Code

School (if applicable): _____

Student Phone: _____

Registration Date: _____ **Date of Birth:** _____ **Grade:** _____

Student Email Address: _____

Classes:	Year:
_____	_____
_____	_____
_____	_____

RELEASE: I understand that Dimensions Dance Center and/or any employees thereof are not responsible for accidents and/or loss of valuables. (Parent or legal guardian must sign if under 18 years of age).

Parent Signature: _____

Date: _____

PHOTO RELEASE: From time to time during Dimensions Dance Center activities, performances, practices, classes, etc. we may take photographs of the students, performers and other participants. Should this occur we request that you grant to Dimensions Dance Center the right to photograph your child and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. Your signature constitutes agreement to this release. Thank you!

Parent Signature: _____

Date: _____