

THE DANCE STUDIO OF WAKEFIELD  
456 MAIN STREET  
WAKEFIELD MA  
781- 245-9409 WWW.DSW5678.COM

2005 - 2006 REGISTRATION FORM

Please check the class schedule and list your class choices in order of preference. If your first choice is full we will inform you. Mail the registration form in with your \$25.00 registration fee to the above address.

student name #1 \_\_\_\_\_ BIRTHDATE \_\_/\_\_/\_\_

student name #2 \_\_\_\_\_ BIRTHDATE \_\_/\_\_/\_\_

parent name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Emergency contact phone# \_\_\_\_\_

Any pertinent medical information we should be made aware of:

**Class desired:** (if your desired class is full we will inform you.)

Student #1 First choice \_\_\_\_\_  
Second Choice \_\_\_\_\_

Student #2 First Choice \_\_\_\_\_  
Second Choice \_\_\_\_\_

*I understand* that the dance recital will be video taped for sale to the attendees and students of the recital.  
I agree to allow The Dance Studio of Wakefield to use photos of my child taken during dance events to be used on the website \_\_\_\_\_ YES \_\_\_\_\_ NO

Signed \_\_\_\_\_

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Office Use: Class times accepted:  
Registration amount paid:  
Date registered: