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REGISTRATION FORM

Bedford Dance Academy
6800 Lewis Avenue
Temperance, MI 48182
(734) 847-4944

Student's Name _____ Date of Birth _____

Students Home Address _____

Sylvania Academy of Dance
6600 Sylvania Ave, Suite 1B
Sylvania, OH 43560
(419) 882-1073

City _____ State _____ Zip _____ Phone _____

Email _____ School Attending _____ Grade _____

www.DanceArts.Org

Parent 1 (Primary Contact)

Parent 2

Name _____

Name _____

Address _____

Address _____

City _____ State __ Zip _____

City _____ State __ Zip _____

Phone 1 _____

Phone 1 _____

Phone 2 _____

Phone 2 _____

Emergency Contact

Name _____

Relationship _____

Phone 1 _____

Phone 2 _____

Payment Information

Registration Fee \$15 \$ _____

1st Months Tuition \$ _____

TOTAL \$ _____

Check (Made Payable to Academy of Dance)

Credit Card

Visa ____ MasterCard ____

Name on Card _____

Credit Card # _____

Expiration Date _____

Enrollment Information

Please indicate your level and preferred day and time. Classes are filled on a first-come, fist-serve bases. Please refer to our website regarding the number of classes recommended.

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

*Register early to ensure class day and time. We have a 12 student maximum per class.
Please mail-in form to desired studio.*