

# STUDENT REGISTRATION FORM



Passion  
Dance  
Project,  
Inc.

1674 N. Randall Road  
Aurora, IL 60506

630.800.2551

Info@PassionDanceProject.com

## Student Info

Provide Student info below

Name		Date of Birth	
Address			
City		State	Zip
Previous Experience			
Health/Medical Restrictions			
School		Grade	

## Parent/Guardian Info (Primary Billing)

Provide info for Parent or Guardian who is primary point of contact and Billing contact.  
Provide address if different than student.

Name		Relationship to Student	
Address			
City		State	Zip
Phone	Home	Work	Cell
Email	Home	Work	
Other Info			

## Parent/Guardian Info (2nd point of contact)

Provide info for Parent or Guardian for a second point of contact.  
Provide address if different than Student or Primary contact..

Name		Relationship to Student	
Address			
City		State	Zip
Phone	Home	Work	Cell
Email	Home	Work	
Other Info			

I hereby certify that the information stated above is correct and completed to the best of my knowledge.

\_\_\_\_\_  
Student / Parent / Guardian Signature

\_\_\_\_\_  
Date