



Registration Form

Washington School of Dance
1111 228th Street SE, Suite A
Bothell, WA 98021
425-481-7899
www.washingtonschoolofdance.com

Dancer's Name Age Date of Birth

Grade School Years at WSD

Parent Name (if dancer is under 18)

Primary Phone

Secondary Phone

Email Address

Receive Email Updates Yes No

Mailing Address

City State Zip

Emergency Contact

Emergency Contact Phone Number

Person Responsible for Payment (Name)

Tuition Plan (Check one) Monthly Semester

Throughout the year we take photos and video of our students which could be used in our print or internet advertising, on our websites, for inclusion in our scrapbooks, for recital programs, or other uses related to our studio. We also have professional photographers for some events.

May we have permission to use and publish images of your student? Yes No

Requested Classes:	Class Name	Day	Time

How did you find us?

Is there anything you would like us to know about the dancer? (ex. health concerns)

Please return with \$30 Registration Fee to
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