



SHARON'S SCHOOL OF DANCE

Registration Form 2024-2025

Student Birth Date: _____ Date: _____

Student Full Name: _____

Parent(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____

Phone: () _____ - _____ Who: _____ Cell / Home / Work

Phone: () _____ - _____ Who: _____ Cell / Home / Work

E-mail: _____

E-mail: _____

Select class(es):

Ballet Pointe Tap Jazz Contemporary Hip Hop
 Acro Musical Theatre

(Class level placement is determined by Director and Instructors)

Please indicate which class time(s) will work for your schedule:

4:00 4:30 5:00 5:30 6:00 6:30 7:00 7:30

A \$15 registration fee is due upon enrollment to hold the student's place in class.