



Registration Form

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Irvine, CA 92614

info@visionsdancecompany.com
www.visionsdancecompany.com

Student Name Last _____ First _____

Student email _____ DoB: _____

Student cell # _____

AGE ____ School Attending _____

Current Grade ____ Years of dance taken ____ Where _____

Student(s) Address _____

City _____ Zip _____

Mother/Guardian Name / Last _____ First _____

Home # _____ Cell # _____

Mother/Guardian's Email address

Father/Guardian Name / Last _____ First _____

Home # _____ Cell # _____

Father/Guardian's Email address

Emergency Contact _____

Phone _____ Relation _____

** Referred by _____

Any known medical conditions? Please explain. _____

Classes that you are interested in? _____

Notes:

Taken By:

Parent / Guardian Signature _____ Date _____