

# Casali School of Dance

23011 Nine Mack Drive  
St. Clair Shores, MI 48080  
(586) 771-6920



## Fall Registration 2016-2017 SEASON

Has student ever attended Casali School of Dance? Yes No

### Student Information

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Email Address Phone

\_\_\_\_\_  
Birth Date Age

**New Students: \$20 Non-Refundable Registration Fee**  
**Returning Students: \$10 Non-Refundable Registration Fee**  
**plus \$20 Deposit per Class**

### Class Information

Name of Class	Office Use Only
_____ Name of Class	
_____ Name of Class	
_____ Name of Class	
_____ Name of Class	
_____ Name of Class	
_____ Name of Class	
_____ Name of Class	
_____ Name of Class	

### Family Information

Parent or Guardian Responsible for Payment

# 1

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Relationship to this student

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone:

\_\_\_\_\_  
Home Phone: Work Phone:

# 2 (If address is different from above)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Relationship to this student

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Cell Phone:

\_\_\_\_\_  
Home Phone: Work Phone:

Would you like information sent to both addresses? Yes No

### Information: Food Allergies and illnesses

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\_\_\_\_\_