



# En Pointe Dance Academy

## Student Enrollment Information

Student's Last Name: \_\_\_\_\_ Guardian's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: F M Phone (H) \_\_\_\_\_ Phone(Cell) \_\_\_\_\_

Parent(s) or Guardian \_\_\_\_\_

**E-mail (Required for Dance Academy email blasts)** \_\_\_\_\_

In Case of Emergency Notify: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anything we should know about your student(s)?

Student's Name	Class	Day/Time	Price
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

\*Unlimited Dance Class Package: Please list all classes that your dancer is enrolling above.  
Release: The YWCA Lincoln has my permission to use photos, videos, or audiotapes taken of me or my minor children for the purpose of publicizing YWCA Lincoln activities. In consideration of acceptance by the YWCA Lincoln of my registration, I hereby, on my behalf and on behalf of my heirs and personal representative, waive and release the YWCA Lincoln from any and all claims of injury, illness, or damage arising from my participation in YWCA Lincoln programs and/or classes (If under 19, signature of parent or guardian required).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**What brought you to En Pointe Dance Academy?**

Phone Book  Performance  Referred (If referred, by who? \_\_\_\_\_)

Radio

Newspaper \_\_\_\_\_  
(Please Identify)

Returning Student

**For Office Use Only:**  
Amount Paid: \_\_\_\_\_ Registration Amount: \_\_\_\_\_ Donation Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check/Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ Received By: \_\_\_\_\_

Scholarship Issued:  Yes  No % \_\_\_\_\_ Processed By: \_\_\_\_\_ Verified By: \_\_\_\_\_ Info Packet: Y N