

Pointe of Grace Dance Studio Drop-In Class Form

Student Name: _____ Date of Birth: _____ Age: _____

Parent's Name: _____

Phone: _____ Email: _____

Home Address: _____

Emergency Contact Name: _____ Number: _____

Class Attending: _____

Class Day: _____ Class Time: _____

\$20 Drop-In Fee:

paid cash

paid check

paid card

*****Student, present this form to the teacher at the start of class*****

Class Evaluation by teacher: _____

Class Suggested: _____

Teacher Signature: _____