

Registration Form

Last Name: _____ **MI** _____ **First Name** _____

Date of birth (if under 18 years): _____

Program: Pre-Diploma _____
Prarambhik -I (Junior) _____ Prarambhik -I _____
Prarambhik -II (Junior) _____ Prarambhik -II _____
Bhushan - I (Junior) _____ Bhushan - I _____
Others _____

Parent's Name (if under 18): _____ Relationship: Mother Father

Session/ Year: Fall 2008 Spring 2009 Summer 2009

Phone Numbers :

Primary Contact: _____ Second: _____ Third: _____

Email: _____

Address : _____

Emergency Contact:

Name: _____ Phone # _____ Relationship: _____

Where did you hear about Aparna's Dance Academy?

Khabar Magazine Web Friends

Others _____

What is your preferred class schedule? (Check min. 3)

Monday Tuesday Wednesday

Thursday Friday Sat Sunday

OTHER _____

What is your goal with learning dance? (Check all that apply)

Education Hobby Learning culture

NOTE- Please enclose one time \$10 registration fee.