Hímel Dance Conservatory

Student Registration Form 2017-2018

Student's Name (First & Last):		$_{__}$ Date of Birth (if	under 18)		_
Mailing Address:					_
City/Town: State: Zip:					
Home Telephone #:					
Mother's Name:	·	Mother Cell #:			
Father's Name:	I	Father Cell #:			
Name of Responsible Party:					
If address and phone numbers a					
Telephone #:		G	7 .		
Telephone #: Street:	City:	State:	Zıp: _	, ,	
would you prefer to receive da	ateu communication	is from us via em	iail?	YesN	10
If yes, please provide proper email	address:				
Please advise us of any medica	al conditions that ma	av affect the stud	ont's nartici	nation:	
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