

**L.A. Dance Center**

478 Howdershell Road  
Florissant, MO 63031  
(314) 837-7909

123 Triad West Center  
O'fallon, MO 63366  
(636) 272-5678

Student Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_

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

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

\_\_\_\_\_

Emergency/Cell Phone: \_\_\_\_\_

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

**Suggested Class Schedule (consult with us before filling out):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration Fee: _____
Trimester Tuition: _____
Recital Deposit: _____
Total Due for Registration: _____