

EXPRESSIONS OF JOY DANCE ACADEMY  
 701 NE 2nd Street  
 2nd Floor  
 Deerfield Beach, FL 33441  
 954-428-4480

**Registration Form**

Registration Date:   
 Account No.

**Billing Name**

Address

City  State  Zip/Postal

Hm Phone  SSN  Private

E-Mail

Parent 1  Hm. Phone

Employer  Wk. Phone

Cell  Pager

Parent 2  Hm. Phone

Employer  Wk. Phone

Cell  Pager

Emergency Contacts

Phone

Phone

Phone

Phone

**Student Name**

Address

City  State  Zip/Postal

E-Mail  SSN

Birthdate  Sex  School  Grade

Medical Info:

Dr. Name  Phone

Classes	Name	Level	Room	Day	Time	Tuition
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Fee:  Total Tuition:

Registration Note

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_