



1008 S. Cedar Avenue, Marshfield, WI 54449  
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### REGISTRATION FORM

ONLINE registration at [www.mscdance.com](http://www.mscdance.com) is preferred. To register in person or by mail, please fill out this form and return with the \$10 annual, per family registration fee.

New student registration begins May 5, 2025.

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: F\_\_\_\_ M\_\_\_\_

Grade (current): \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Account Email Address: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Student's Allergies: \_\_\_\_\_ Other Medical Info: \_\_\_\_\_

Emergency Contact (If unable to reach parent): \_\_\_\_\_ Phone #: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

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(For office use only)

Total Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ C/C: \_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ Balance Due: \_\_\_\_\_