



DANCE REGISTRATION FORM

OFFICE USE ONLY

MAIL REGISTRATION FORM and Payment to:
St Andrew's Lutheran Church • 900 Stillwater Rd • Mahtomedi, MN 55115

SESSION INITIAL
[] FALL [] SPRING [] CAMP

STUDENT 1 BIRTH DATE AGE

GRADE (FALL) CLASS DAY CLASS TIME LOCATION

CLASSMATE REQUEST ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS

STUDENT 2 BIRTH DATE AGE

GRADE (FALL) CLASS DAY CLASS TIME LOCATION

CLASSMATE REQUEST ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS

STREET ADDRESS E-MAIL

CITY STATE ZIP

PARENTS NAME(S)

HOME PHONE () CONTACT PERSON

ALTERNATE PHONE # 1 () CONTACT PERSON

ALTERNATE PHONE # 2 () CONTACT PERSON

I GIVE PERMISSION FOR MY CHILD TO ATTEND SPIRITED FEET DANCE CLASSES. IN CASE OF ACCIDENT OR INJURY, I DO NOT HOLD SPIRITED FEET OR THE HOST CHURCH RESPONSIBLE.

PARENT SIGNATURE DATE

I GIVE SPIRITED FEET PERMISSION TO TAKE PICTURES AND VIDEO FOR PROMOTIONAL PURPOSES.

PARENT SIGNATURE DATE



Spirited Feet
1671 Thornhill Court
Woodbury, MN 55125
651-578-7878
www.spiritedfeet.com