

# Norma's Academy of Dance Enrollment Application

4910 old Jonesboro rd  
Bldg. 300 Suite A  
Union City, Georgia 30291

Date\_\_\_\_\_

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

Date of Birth\_\_\_\_\_Age at Registration\_\_\_\_\_

School Attending\_\_\_\_\_Grade\_\_\_\_\_

Current Mailing Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_zip\_\_\_\_\_

## Parents Information:

### Mother

### Father

Name\_\_\_\_\_

Name\_\_\_\_\_

Employer\_\_\_\_\_

Employer\_\_\_\_\_

Wrk. Phone\_\_\_\_\_

Wrk. Phone\_\_\_\_\_

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

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

Cell Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Email\_\_\_\_\_

Email\_\_\_\_\_

Person to notify in case of emergency:\_\_\_\_\_

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

Cell Phone\_\_\_\_\_

## Medical History:

|                     | Yes | No  |
|---------------------|-----|-----|
| Allergies           | ___ | ___ |
| Asthma              | ___ | ___ |
| Epilepsy            | ___ | ___ |
| Physical Handicap   | ___ | ___ |
| Learning Disability | ___ | ___ |

I hereby agree to all rules and regulations of Norma's Academy of Dance. I understand that tuition is due between the 1<sup>st</sup> & 5<sup>th</sup> of each month. If paid after the 5<sup>th</sup>, a late fee of \$20.00 will be added to my account at the time of payment. Returned check fee is \$35.00.  
Signed\_\_\_\_\_Date\_\_\_\_\_