



## ADD ON CLASS REGISTRATION FORM

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CHILD'S NAME \_\_\_\_\_

AGE AS OF NOVEMBER 1<sup>ST</sup>: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### PLEASE SELECT YOUR ADD ON CLASSES

\_\_\_ CLASSICAL BALLET (AGES 11-UP)

\_\_\_ HIP HOP LEVEL I (AGES 5-10)

\_\_\_ HIP HOP LEVEL II (AGES 11-18)

\_\_\_ ACRO LEVEL I (AGES 5-10)

\_\_\_ ACRO LEVEL II (AGES 11-18)