

Amber Bassett
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***REGISTRATION MAY BE SUBMITTED IMMEDIATELY OR BY FRIDAY, AUGUST 26, 2022.**

*A confirmation email will be sent once this registration form is received.

*Please use one form per dancer OR register online from our studio website: www.danceworksbyamber.com

Student _____

Parents'/Guardians' Names _____

Brothers/Sisters enrolled _____

Address _____

City _____ Zip _____ Home phone _____

E-mail address _____ Cell _____

Age _____ Birthdate ____/____/____ Grade _____

(As of 9/1/22)

M _____ F _____

Do you have previous dance experience? Yes No If so, how many years? _____

How did you hear about DanceWorks? _____ # of years at DanceWorks: _____
(including this year - As of 4/30/23)

I would like to receive: MID-YEAR REPORT YEAR-END REPORT BOTH
(PLEASE CIRCLE)

PLEASE MARK AN "X" ON THE LINE FOR EACH CLASS YOUR CHILD WILL TAKE:

Tiny Dancers _____	Pointe _____	Acro IV _____
Pre-Dance I _____	Irish I/II (both levels) _____	Contemporary I _____
Pre-Dance II _____	Irish III _____	Contemporary II _____
Ballet/Tap Combo _____	Jazz I _____	Contemporary III _____
Tap I _____	Jazz II _____	Hip Hop Fusion (K-2) _____
Tap II _____	Jazz/Hip Hop III _____	Hip Hop I (3-4) _____
Ballet I _____	Acro I _____	Hip Hop II _____
Ballet II _____	Acro II _____	Multicultural _____
Ballet III _____	Acro III _____	

SHOES:

I need shoes for the following classes: **Combo Irish Ballet Pointe Contemporary Jazz Tap Hip Hop Jazz/Hip Hop**

Regular street shoe size: _____ YOUTH or ADULT Order size: _____ (Youth size suggests going up 2 SIZES from a regular street shoe).

I have read the packet and understand all rules, especially the consequences of missing blocking and/or dress rehearsal before the spring recital. I understand our obligation to DanceWorks for the classes and the financial obligation (*registration fee, tuition, costume deposit, costume balance, finale t-shirt, recital tickets, recital program*). I also understand that neither DanceWorks nor its staff will be held responsible for accidents or injuries that occur while my child participates in all programs and activities.

Signed _____ Date ____/____/____
(must be signed by parent or guardian)

Please send registration form and emergency medical form to: DanceWorks by Amber, Attn: Amber Bassett
3327 Shaffer Rd. ~ Bloomsburg, PA 17815

PLEASE SEE REVERSE SIDE FOR EMERGENCY MEDICAL INFORMATION

OVER >

FOR DANCEWORKS USE ONLY:	Date received: _____	# received: _____
Payment 1 (9/9) _____	Check # _____	Registration fee _____ check ____ / \$
Payment 2 (12/2) _____	Check # _____	Costume deposit _____ check ____ / \$
Payment 3 (2/3) _____	Check # _____	Costume balance _____ check ____ / \$