



Ithaca Academy of Dance

416 Elmira Road
Ithaca, NY 14850

607.273.0521 A Family Owned Business Since 1935

Registration Form *Return this form with your payment.*

Please print.

Student Last Name _____ First Name _____

Street Address _____

City, State, Zip Code _____

Home Phone _____ Age _____ Date of Birth _____

Mother's Name _____ Phone _____ E-mail (to receive Studio updates) _____

Father's Name _____ Phone _____ E-mail (to receive Studio updates) _____

Guardian's Name _____ Phone _____ E-mail (to receive Studio updates) _____

Emergency Contact Name _____ Phone _____

Long-term medical problems? Yes No

If yes, please explain _____

☆☆ Please indicate the day/time of the class(es) of your choice

Acrobatic _____	Ballet _____
Contemporary _____	Hip-Hop _____
Jazz _____	Lyrical _____
Pointe _____	Preschool _____
Tap _____	Social Ballroom _____
Theater Production _____	Competition Team _____
Adult Exercise _____	Adult Jazz & Tap _____

☆☆ Select Payment Plan (no refunds) Trimester Semi-Annual Summer

Signature _____ Date _____

<i>For Office Use Only</i>	Registration Fee	<input type="radio"/> Paid	<input type="radio"/> Due
Account # _____	Payment Plan _____	# of Classes _____	Tuition _____