

All That Dance, Inc.  
2024 – 2025 Registration Form  
Please drop off or mail to:  
520 Red Bird Circle, Suite 1, De Pere WI 54115  
by September 16, 2024

Please include a \$50 registration fee per child

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Parent or Guardian:

\_\_\_\_\_

Address, City, Zip:

\_\_\_\_\_

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

Email Address(es)

\_\_\_\_\_

I would like to set up monthly payments

*If you have any questions, please call the office at 920-338-0238.  
We will return your call as soon as possible.*