

Student's Name _____ Age _____ Grade Entering _____

Academic School 2020-2021 _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Mother's Cell Phone _____ Father's Cell Phone _____ Dancer's Cell Phone _____

Dance Class(es) _____ Attending (circle): In Class Virtual

Mother's Email _____ Father's Email _____ Dancer's Email _____

Mother's name _____ Place of Employment _____ Phone _____

Father's name _____ Place of Employment _____ Phone _____

Enclose payment (payable to Alabama Dance Theatre): \$ _____ tuition

\$ _____ Annual registration fee -- Payable August 1st - \$40

Mail to: Alabama Dance Theatre
Attention: Registrar
1018 Madison Avenue
Montgomery, AL 36104

I have read and understand the schedule, policies, payment terms, and guidelines herein and located on the ADT website.

Parent or Guardian's Signature

It is suggested that returning students register immediately by mail as class sizes will be limited and we would like to reserve your place in the correct class.