



NDI New Mexico at The Dance Barns

Fall Registration 2018 – 2019

Student Name: _____
Account Name: _____
Date of Registration: _____
Paid in Full _____ Payment Plan _____

How did you hear about us? _____

Student First _____ Last _____ Gender: M F

Street Address _____

City _____ State _____ Zip _____ Cell # _____

Birth Date _____ Age Now _____ School _____ Grade _____

ETHNICITY Anglo Hispanic Native American African American Other: _____

Email _____

BILLING NAME First _____ Last _____

Parent #1 Street Address _____

City _____ State _____ Zip _____

Main Tel # _____ 2nd tel # _____ text # _____

Email _____

Parent #2 First _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Main Tel # _____ 2nd tel # _____ text # _____

Email _____

STUDENT LIVES WITH PARENT ONE PARENT TWO BOTH

Emergency Contacts (Please provide at least two)

Name First _____ Last _____ Relation _____ Phone _____

Name First _____ Last _____ Relation _____ Phone _____

Employer (optional) _____ **work phone** _____

REQUIRED: Specify in detail any special needs, allergies or medical conditions (including behavioral or learning-related) that NDI New Mexico needs to be aware of (use the back if necessary): _____
