



Youth Programs Registration

Child Information

Full Name: _____ Date of Birth: _____

Mailing Address: _____

Phone: _____ Email: _____

Registering for:

- Youth Exchange (ages 8-12) Full Year Fall only Spring only
- Teen Exchange (ages 13-18) Full Year Fall only Spring only
- Check if registering multiple children*

Would you like to receive updates about future programming? _____

How did you hear about the class series or program you are attending?

Payment Options:

_____ Check (mail to us) _____ Online (via PayPal at dancexchange.org)

_____ Cash _____ Credit Card (complete below)

Name on Card _____

Billing Address _____

Card Number _____ Exp. Date _____

Card type: Visa Mastercard

Total Tuition Due: _____



Parent/Guardian and Payment Information

Primary Parent/Guardian 1:

Full Name: _____

Address (if different from page 1) : _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Primary Parent/Guardian 2:

Full Name: _____

Address (if different) : _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

In case of unreachable parent/guardian, please contact:

Name: _____ Relationship: _____

Phone: _____

Send completed forms to Matthew Cumbie

matthewc@danceexchange.org

OR mail to:

**Dance Exchange
7117 Maple Avenue
Takoma Park, MD 20912**