

Student Registration Form 2025-2026

145 Main St, Unit E Pennsburg, PA 18073 www.julikellsdancecenter.com julikelldance@gmail.com 267-923-5223

Student's Name (First & Last):			DOB (if under 18):		Age
Student's Name (First & Last):					
Student's Name (First & Last): _					
Mailing Address:					
City/Town:	State:	Zip	Home phone #:		· · · · · · · · · · · · · · · · · · ·
Mother's Name:			Mother Cell #:		·····
Father's Name:			Father Cell #: _		·
Name of Responsible Party:					
School Student Attends		How d	id you hear about us?		
Please advise us of any medi					
			Student has	Insurance	e: yes or no
Billing E-Mail			E-Mail		
Years Attended JKDC		Name o	on Facebook		
correspondence (which includes joining	any necessary group a	apps) and respecting	deadlines, if applicable. I unders	n a ten-mont l	h cycle. September through &
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