

PLEASE FILL OUT BOTH PAGES
AND RETURN BY MAIL, FAX OR
EMAIL

PAUL TAYLOR

THE TAYLOR SCHOOL

Student Registration Form-Fall session

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

Emergency Contact (if different from above):

Name: _____

Relationship: _____ Phone: _____

Please check ONE of the following boxes on the class and day that your child wishes to attend:

LEVEL 1 (4-6 years)

9:30-10:30 a.m. Saturdays
4:00-5:00 p.m. Wednesdays

LEVEL 2 (7-9 years)

10:45-11:45 a.m. Saturdays
5:00-6:00 p.m. Tuesdays

LEVEL 3 (10-12 years)

12:00-1:15 p.m. Saturdays
6:15-7:30 p.m. Tuesdays

LEVEL 4 (Teen Technique/Repertoire)

1:30-3:00 p.m. Saturdays
5:15-6:45 p.m. Wednesdays

Please indicate what kind of (if any) previous training your child has had to date:

Please let us know if your child has any health conditions, injuries, medications, or anything at all (allergies, etc.) of which we should be aware:



Please return to:

551 Grand Street New York, NY 10002 212.431.5562 212.966.5673 (fax)

www.paultaylor.org/school

youthprogram@ptdc.org

