

**CHARLEE'S ELITE SCHOOL OF DANCE &
TUMBLING
KOALATY TIME Registration Form**

Dancer's Name:

Child's Center Location

Parents' Names:

**Circle the following class/
classes your child will be
attending:**

Home & Cell Number:

**1. Tumbling Age 3-5
TWO SESSIONS: 10/5-
11/13 and/or 2/1-3/13
9:15-9:45am**

Address:

Tuesdays KT Encore

Thursdays KT Castle

Dancer's age: _____

Dancer's Birthdate:

**2. Preschool Ballet/Tap
Age 3-5
SESSION RUNS 10/5-3/26
(breaks listed in brochure)
9:45-10:30am**

Dancer's Allergies

E-mail Address

Tuesdays KT Encore

Thursdays KT Castle

Child's Room #

**Payment is due with the
registration form. See the
brochure for fees.**