



Miss Michelle's Turning Pointe School of Dance

Registration Form for Summer 2026

Student Name: _____ Birthdate: _____ Age: _____

Best Phone number you can be reached: _____

Email: _____

How did you hear about us? _____

Previous Dance Training: _____

Helpful tips instructor should know about dancer: _____

Parent(S) &/or Guardian(S): _____

Class/classes your dancer is interested in taking- _____

Parent or Guardian Signature: _____

Please return with your payment to:

Miss Michelle's Turning Pointe School of Dance

2387 Locust Street South Unit 2 & 3

Canal Fulton, OH 44614

We accept checks and cash.

Sorry, no refunds.

michellesturningpointe@gmail.com

330-936-8403