

Charisma

SCHOOL OF DANCE

Student's Name: _____ Nickname: _____

Birthday: _____ Allergies: _____

Primary Address: _____

School District: _____

Parent/Guardian: _____ Phone: _____ E-mail: _____

Parent/Guardian: _____ Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us? _____

Our studio communication will be sent to our families through email and for smaller groups or individual information, we may use text. Please note the email address and cell phone you prefer these messages to be delivered to:

E-mail Address: _____

Text: _____

Office Use Only

\$ _____

\$ _____

\$ _____

\$ _____ Total

SUMMER 2023 Class/Camp Selection:

Day & Time Class Name

Day & Time Class Name

Day & Time Class Name

Day & Time Class Name

Day & Time Class Name

Day & Time Class Name

Day & Time Class Name

Day & Time Class Name