

# Charisma

SCHOOL OF DANCE

Student's Name for Recital Program: \_\_\_\_\_ 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**    Contacts    Acctg

**Begin Bill Date:** \_\_\_\_\_

\$	_____	_____
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\$	_____	_____

**Fall 2022 – Spring 2023 Class Selection:**

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Day & Time	Class Name

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Day & Time	Class Name

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Day & Time	Class Name

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Day & Time	Class Name

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Day & Time	Class Name