Free 2 Be Me Dance Student Profile

We at free2bemedance would like to know more about your child so that we can make them feel as welcome and comfortable as possible. Please feel free to print this form out, fill it in, and bring it along with a current photo of your child to parent orientation. If you're unable to print this out, please let me know and I will send you a copy.

Your child's name:	Age:	_ Dancer's Birthday:
Mom's name:	Dad's name:	
Home address:		
Emergency contact (your cell phone)	email:	
Favorite activities:	Pets:_	
Siblings/ Ages:		
Any previous dance experience?		
How does your child feel about physical touch?		
What is the best way to soothe your child?		
Orthopedic injuries, diagnosis, surgeries we nee	d to know about	?
Are there any medical issues we need to be awa	are of?	
What is your child's medical diagnosis?		
Is there anything else you would like us to know	v about your chilc	l or family?
*Please note Free 2 Be Me Dance is not suited for parent per child must agree to be in attendance more assistance than we can provide.		5
Who will be waiting for your child during class?		
Signature		
Please make checks payable to "Free 2 Be Me Dance"		

Send payment to: Colleen Perry, 255 Main St. #301, Venice CA 90291.

We thank you and look forward to dancing with your child!!