

Charisma
SCHOOL OF DANCE

CAMP REGISTRATION FORM

Student's Name: _____ Nickname: _____

Birthday: _____ Age: _____ Potty Trained?: _____

Food Allergies: _____

Other Allergies (i.e. Bees/Grass/Latex): _____

Health Concerns/Medications: _____

Primary Address: _____

School District: _____

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

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

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us? _____

Camp Selection:

Days & Time Camp Name

Days & Time Camp Name

Days & Time Camp Name

Days & Time Camp Name

Days & Time Camp Name

Days & Time Camp Name

Days & Time Camp Name