



A Neighborhood Community

DANCE REGISTRATION FORM

Full Name of Child: _____ Nickname _____

Date of Birth: _____ Age: _____ Sex: _____ Male _____ Female

Address: _____

City: _____ Zip code: _____

Home number: _____ Allergies: _____

MOTHERS INFORMATION

Mothers Name: _____

Occupation: _____ Employer: _____

Work number: _____ Mobile Number: _____

Email address: _____

Address (if different from child's): _____

FATHERS INFORMATION

Fathers Name: _____

Occupation: _____ Employer: _____

Work number: _____ Mobile Number: _____

Email address: _____

Address (if different from child's): _____

EMERGENCY CONTACT: _____

Phone number: _____ Relationship to child: _____

Dance Class: _____ Ballet/Jazz/Tap _____ Jazz: _____ Ballet _____ Lyrical
M-W 4:30-5:30 M-W 5:30-6:30 T-Thurs 4:30-5:30 T-Thurs 5:30-6:30
_____ Contemporary _____ Hip-Hop
Friday 4:30-5:30 Friday 5:30-6:30

Parent's Signature _____ Date: _____