

FREE 2 BE ME DANCE

STUDENT PROFILE

FREE 2 BE ME DANCE would like to know more about your child so that we can make them feel as welcome and as comfortable as possible. Please print this form, fill it out and bring it with you to our first day of class.

If you are unable to print this out, please let us know and we will have one available for you to fill out at class.

PLEASE PRINT AS CLEARLY AS POSSIBLE.

Dancer's Full Name: _____

Dancer's Age: _____

Dancer's Birthday: _____

PARENTS/GUARDIANS FULL NAME

#1: _____ Cell #: _____

#2: _____ Cell #: _____

PARENTS/GUARDIANS EMAIL ADDRESSES:

#1: _____

#2: _____

Home Address: _____

Emergency Contact: _____

Relationship to Dancer: _____

Cell #: _____

Siblings & Ages: _____

Pets: _____

Favorite Activities: _____

List any previous dance experience: _____

List orthopedic injuries, diagnosis, surgeries we need to know about: _____

Are there any medical issues that we need to be aware of? _____

How does your child feel about physical touch? _____

What is the best way to soothe your child? _____

Is there anything else you would like us to know about your child and/or family? _____

PAYMENT

Please make checks payable to **"Free 2 Be Me Dance"**.

Send Payment To: Colleen Perry
255 Main Street #301
Venice, CA 90291

YOUR COMMITMENT

- * If your dancer needs more assistance than we are able to support, you may be required to participate with your child.
- * One parent/guardian per dancer must agree to be in attendance for the duration of each class.

Who will normally be waiting for your child during class: _____

Parent/Guardian Signature

Date

Full Name Printed