

Family Last Name: _____ Date: _____

Michelle's Encore Dance Studio Registration

HOW DID YOU HEAR OF OUR PROGRAM?

Newspaper Facebook Studio Website Flyer Walk By Referred By: _____

Other: please explain: _____

Student Name (First/Last) _____

Date of Birth _____ Age ____ School Attending _____ Grade ____

Child-Parent goals for this season _____

In an emergency situation, a medical technician may need to know the following information regarding my child's health: allergies, chronic illnesses, seizures, etc. Use the space below. (if there isn't any, please write "None".)

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Contact: - Email is the main method of contact. Please check email regularly for updates.

Parent First: _____ **Last:** _____

Address: _____ **City:** _____ **Zip:** _____

Email Address(es): _____

Phone Numbers: List in order of preferred contact

Phone 1: _____ mom cell / dad cell / home phone / _____

Phone 2: _____ mom cell / dad cell / home phone / _____

Phone 3: _____ mom cell / dad cell / home phone / _____

Other Emergency Contact _____ **Phone #** _____ **Relation** _____