

ILLINOIS DANCE CONSERVATORY  
STUDENT REGISTRATION – 2019/2020

**STUDENT INFORMATION (PLEASE PRINT)**

**DATE of REGISTRATION:** \_\_\_/\_\_\_/\_\_\_

\_\_\_ RETURNING STUDENT      \_\_\_ NEW STUDENT

**REGISTRATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY/STATE	ZIP CODE
CURRENT AGE	BIRTHDATE	GRADE LEVEL

**PARENT INFORMATION (PLEASE PRINT)**

INFORMATION ON FILE IS CORRECT

PARENT/GUARDIAN NAME	CELL PHONE NUMBER	HOME/WORK PHONE NUMBER
PARENT/GUARDIAN NAME	CELL PHONE NUMBER	HOME/WORK PHONE NUMBER

**IDC COMMUNICATES VIA EMAIL - PLEASE MAKE SURE YOUR EMAIL ADDRESS IS ACCURATE AND PRINTED CLEARLY.**

Primary Email _____	Secondary Email: _____
CONTACT EMAIL ADDRESSES	

**MEDICAL & ALLERGY INFORMATION**

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT MAY BE PERTINENT TO HIS/HER AFFILIATION AT IDC?

YES (PLEASE LIST) \_\_\_\_\_

MEDICATIONS MY CHILD TAKES FOR ABOVE CONDITIONS: \_\_\_\_\_

NO MEDICAL CONDITIONS. PLEASE INITIAL HERE: \_\_\_\_\_

**PRIOR DANCE EXPERIENCE**

HAVE YOU STUDIED DANCE PREVIOUSLY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

IF YES, PLEASE LIST DANCE STYLES AND NUMBER OF YEARS: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT ILLINOIS DANCE CONSERVATORY?**

Post Card \_\_\_\_\_ Poster \_\_\_\_\_ FLYER/BROCHURE \_\_\_\_\_ WEBSITE \_\_\_\_\_

WEB SEARCH \_\_\_\_\_ FACEBOOK \_\_\_\_\_ FAMILY/FRIEND: \_\_\_\_\_

OTHER: \_\_\_\_\_

**FOR MAILING REGISTRATIONS ONLY**

Illinois Dance Conservatory - 1251 N Old Rand Road, Wauconda, IL 60084 Payment accepted by Visa, MasterCard, American Express, Discover, cash, or check.				
Account Number	Exp. Date	CVVS#	Authorized Signature	Date

