



EMERGENCY CARD

MOTHER'S NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____ WORK PHONE: _____

EMPLOYER: _____

FATHER'S NAME: _____

MAILING ADDRESS (IF DIFFERENT FROM MOTHER'S): _____

EMAIL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____ WORK PHONE: _____

EMPLOYER: _____

ALTERNATE CONTACT: _____

RELATIONSHIP TO DANCER: _____

PHONE NUMBERS: _____

DOES THE DANCER HAVE ANY MEDICAL OR PHYSICAL LIMITATIONS OR ALLERGIES? _____

MEDICATIONS _____

PARENT'S SIGNATURE

DATE



REGISTRATION

Today's Date: _____

Do you plan to participate in our annual recital? YES NO

Dancer's

Name: _____

CLASS SELECTION	DAY	TIME

NUMBER OF CLASSES PER WEEK: _____

MONTHLY TUITION TOTAL: _____

OFFICE USE ONLY

Annual Registration Fee \$ **65.00**

+Tuition \$ _____

=Total Due Upon Enrollment \$ _____

_____

Paid By: CASH/CHECK