



DANCE 502

INFORMATION SHEET

Date: _____

Child's Name: _____

Age: _____

Parent's Name(s): _____

Address: _____
(Street, City, State, Zip)

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Do you text? Yes ___ No ___

Email: _____

Child's Birthday: _____

How did you hear about us? _____

Dance Experience: _____
(type and years)

If prior dance experience, where: _____

Emergency Contact: _____
(name & relationship)

Emergency Contact #: _____

Any medical conditions we should know about (e.g. allergies, nose bleeds, epilepsy, etc...)?

Doctor Name and Number: _____

I verify that I have read and understand the attached Conditions of Enrollment and Tuition Schedule forms and that I have received copies of the above mentioned forms.

(Signature)

(Date)