



# Miss Cindy's Dance Studio

## Registration Form

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Parent's names \_\_\_\_\_

Emergency name & phone # (if different from above) \_\_\_\_\_

E-mail address \_\_\_\_\_

School & Grade \_\_\_\_\_ Day care Y/N \_\_\_\_\_

Day care Name \_\_\_\_\_

Any physical disabilities \_\_\_\_\_

Please list any problem(s) you child has, including: eyeglasses, contacts, allergies, kidney problems, foot problems, back problems etc.

Doctor's name/address/phone # \_\_\_\_\_

Course(s) Desired: Pre-Dance III ☐ Combination ☐ Tap ☐ Ballet ☐ Jazz ☐ Pointe ☐

Tap/Ballet ☐ Pointe/Ballet ☐ Hip - Hop ☐

The release and consent forms must be signed at the studio when you arrive for the first dance class.