**Registration Form**

Name

Parents

Full Address

Phone Cell Work

Email Birthdate

Dear Parent (s),

At Sternfeld Dance Studio, a great deal of dance/gymnastics information is presented. Some children have difficulty keeping up with the pace. Because we want every child to succeed, we will work with you and your child to provide opportunities for review.

* I understand the importance of having my child attend each class session and arrive on time. YES *(please check)*
* I understand that cell phones will not be allowed on the dance floor. Cell phones must be kept with the child’s belongings. YES *(please check)*
* Due to the recent pandemic, there are additional guidelines to adhere to when in class. Have you read these additional guidelines? YES *(please check)*

Is there anything about your child you would like to share?

**Emergency Medical Permission**

In the event of an emergency, I authorize Sternfeld Dance Studio to take my child to hospital and authorize treatment by the doctor on call in the event of any accident or health problem. I may be contacted best at . If not available, can be contacted at and is authorized to act on my behalf

**Photographic Release**

I consent and authorize Sternfeld Dance Studio to use and reproduce photographs of my child/myself (as a dancer) during class instruction and recitals for publicity purposes. YES NO *(please check one)*

Dancer/Parent or Guardian Date