

FORMULARIA DE INSCRIPCIÓN PARA ESTUDIANTES  
 STUDENT REGISTRATION FORM  
 Calpulli Community is a program of Calpulli Mexican Dance Company  
 Comunidad Calpulli es un programa de Calpulli Mexican Dance Company



\_\_\_\_\_  
**APELLIDO DEL ESTUDIANTE**  
 Student's Last Name

\_\_\_\_\_  
**NOMBRE**  
 First Name

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**FECHA DE NACIMIENTO mm/dd/aaaa**  
 Date of Birth mm/dd/yyyy

\_\_\_\_\_  
**APELLIDO DEL P/ MADRE**  
 Parent's Last Name

\_\_\_\_\_  
**NOMBRE**  
 First Name

\_\_\_\_\_  
**RELACION CON EL ESTUDIANTE**  
 Relationship to Student

\_\_\_\_\_  
**DIRECCION**  
 Street Address

\_\_\_\_\_  
**APT. #**

\_\_\_\_\_  
**CIUDAD, ESTADO**  
 City, State

\_\_\_\_\_  
**CODIGO POSTAL**  
 Zip Code

\_\_\_\_\_  
**CORREO ELECTRONICO**  
 E-mail Address

\_\_\_\_\_  
**# TELEFONO CELULAR**  
 Cellular Phone #

\_\_\_\_\_  
**# TELEFONO DE CASA**  
 Home Telephone #

\_\_\_\_\_  
**ESCUELA DEL ESTUDIANTE**  
 Student's School

\_\_\_\_\_  
**GRADO**  
 Grade Level

\_\_\_\_\_  
**(M)asculino / (F)emenino**  
**SEXO (ESTUDIANTE- CIRCULE UNO)**  
 Gender (Student- Circle One)

**¿EL ESTUDIANTE TIENE CUALQUIER CONDICIÓN MÉDICA DE QUE DEBEMOS SABER? (OPCIONAL- CIRCULE UNO)**

Does the student have any medical conditions we should be aware of? (Optional- Circle One)

SI/ Yes or No

**POR FAVOR EXPLIQUE:**  
 Please explain:

I understand that Calpulli Mexican Dance Company, Count Basie Theatre, and all of their representatives are not liable for injuries sustained or illnesses contracted by the students participating in this program.

*Tengo entendido que Calpulli Mexican Dance Company, Count Basie Theatre, y sus representantes no son responsables de lesiones o enfermedades contraídas por los estudiantes participando en este programa.*

\_\_\_\_\_  
**FIRMA DE PADRE O TUTOR (SI ESTUDIANTE <18 Años de edad)**  
 Parent/ Guardian Signature (If students is <18 years of age)

\_\_\_\_\_  
**FECHA**  
 Date

\_\_\_\_\_  
**APELLIDO DEL P/ MADRE ADICIONAL**  
 Additional Parent's Last Name

\_\_\_\_\_  
**NOMBRE**  
 First Name

\_\_\_\_\_  
**RELACION CON EL ESTUDIANTE**  
 Relationship to Student

\_\_\_\_\_  
**DIRECCION**  
 Street Address

\_\_\_\_\_  
**APT. #**

\_\_\_\_\_  
**CIUDAD, ESTADO**  
 City, State

\_\_\_\_\_  
**CODIGO POSTAL**  
 Zip Code

\_\_\_\_\_  
**CORREO ELECTRONICO**  
 E-mail Address

\_\_\_\_\_  
**# TELEFONO CELULAR**  
 Cellular Phone #

\_\_\_\_\_  
**# TELEFONO DE CASA**  
 Home Telephone #

\_\_\_\_\_  
**CONTACTO DE EMERGENCIA – NOMBRE Y APELLIDO**  
 Emergency Contact Name

\_\_\_\_\_  
**RELACION CON EL ESTUDIANTE**  
 Relationship to Student

\_\_\_\_\_  
**# DE TELEFONO (1)**

\_\_\_\_\_  
**# DE TELEFONO (2)**

**¿COMO ESCUCHO DEL PROGRAMA?**  
 How did you hear about the program?

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