



# Deborah's Dance Workshop – Student Registration Form 2024-2025

www.deborahsdanceworkshop.com

All Registrations and Fee of \$30.00 are due by July 1, 2024 or \$40.00 after July 1, 2024 by Mail.

Please send completed Registration Form, Fee and **Signed Commitment Checklist** to:

Deborah A. Casey, Owner/Director

789 Winsted Road Torrington, CT 06790

Telephone: (860)489-8776 Email: ddwdancers@att.net

**OPEN HOUSE: Saturday, August 17, 2024 from 10:00am-1:00pm at the Studio.**

→ It is important that you attend Open House to receive your child's dance schedule for 2024-2025 and place all shoe and dance accessory orders at wholesale prices.

## STUDENT INFORMATION (Please Print Clearly)

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Returning Student? \_\_\_\_\_ Number of Years (as of June 2025): \_\_\_\_\_

Child is Living With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Street City State Zip

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Street City State Zip

## MEDICAL INFORMATION: (Please Print)

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any Allergies, Medications, Restrictions, Injuries, Etc.: \_\_\_\_\_

\* An annual physical is required for each student. Please enter date of last physical exam: \_\_\_\_\_

## EMERGENCY INFORMATION: (Parents Will Be Contacted First)

Name #1: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_

## CLASS SELECTIONS:

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Jazz                      | <input type="checkbox"/> Lyrical         | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Acrobatics                | <input type="checkbox"/> Musical Theater | <input type="checkbox"/> Tap     |
| <input type="checkbox"/> Ballet                    | <input type="checkbox"/> Contemporary    | <input type="checkbox"/> Pointe  |
| <input type="checkbox"/> Additional Requests _____ |  |                                  |

\*REFERRED BY (New students only): \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**\*\*\*PLEASE COMPLETE BOTH SIDES OF THIS FORM\*\*\***

