

Application Form - Student

Name _____

Parent/Guardian Name _____
(if applicable)

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number ____ (____) _____

Email Address _____

Cell Phone Number ____ (____) _____ Work Phone Number ____ (____) _____

Emergency Contact Name _____

Relation to Student _____ Phone Number ____ (____) _____

Birth date _____ School _____

Grade _____

Medical Info _____

Medical Release

In the event you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel. I also release Rhythm & Grace and its staff of liability in case of injury or illness.

Child Name

Parent/Guardian Signature _____
Studio Information and Policies(will be provided separately)

Date _____
I have read all studio information and policies including monthly fees, insurance, bad weather/holiday policies, and attendance.

Parent/Guardian Signature _____