



“Life’s EPIC endarcement!”

Child/ Youth 2017/ 2018  
REGISTRATION

STUDENT LAST NAME: \_\_\_\_\_ STUDENT FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
BIRTHDATE \_\_/\_\_/\_\_\_\_ IMMEDIATE FAMILY ENROLLED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MAILNG ADDRESS (If different from above): \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_  
\_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

STAFF USE ONLY

- |                                |                              |                               |                              |                                  |
|--------------------------------|------------------------------|-------------------------------|------------------------------|----------------------------------|
| <input type="checkbox"/> TRIAL | <input type="checkbox"/> B__ | <input type="checkbox"/> P__  | <input type="checkbox"/> J__ | <input type="checkbox"/> HH__    |
| <input type="checkbox"/> PD1   | <input type="checkbox"/> B__ | <input type="checkbox"/> PP__ | <input type="checkbox"/> T__ | <input type="checkbox"/> PJ/HH__ |
| <input type="checkbox"/> PD2   | <input type="checkbox"/> B__ | <input type="checkbox"/> BB__ | <input type="checkbox"/> K__ | <input type="checkbox"/> HH__    |
|                                | <input type="checkbox"/> B__ | <input type="checkbox"/> O__  | _____                        |                                  |



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**PRIOR DANCE EXPERIENCE**

1) Have you studied dance previously?  YES  NO

a. If yes, Where:

Types of Dance:

Number of Years Enrolled:

2) Please, briefly share future dance goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Please check reason(s) for enrolling:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Casual Student                  | <input type="checkbox"/> Serious Student     | <input type="checkbox"/> Visiting Professional  |
| <input type="checkbox"/> Exercise                        | <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Fun                    |
| <input type="checkbox"/> Visiting                        | <input type="checkbox"/> School Dance Team   | <input type="checkbox"/> School Theater Program |
| <input type="checkbox"/> Interest in Pursuing Profession |  |   |
| <input type="checkbox"/> Other: _____                    |  |   |

**How did you hear about E.P.I.C.:**

- |  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Flyer/ Brochure                 | <input type="checkbox"/> Website  | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Internet                        | <input type="checkbox"/> Pintrest |                                   |
| <input type="checkbox"/> Friend/ Family Name: _____      |                                   |                                   |
| <input type="checkbox"/> Other, please specify:<br>_____ |                                   |                                   |