

# Creative Arts Academy- Dance Registration Form

Student Name\_\_\_\_\_

Birth date\_\_\_\_\_School\_\_\_\_\_Grade\_\_\_\_\_

Medical Info/Health Concerns\_\_\_\_\_

**Parent/Guardian Name**\_\_\_\_\_

Mailing Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

Email\_\_\_\_\_

Cell Phone (circle one) mother/father/\_\_\_\_\_/ (\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Cell Phone (circle one) mother/father/\_\_\_\_\_/ (\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name\_\_\_\_\_

Relation to Student\_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

## 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 Creative Dance Academy and its staff of liability in case of injury or accident incurred to:

Child Name\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_date\_\_\_\_\_

## STUDIO INFORMATION AND POLICIES

I have read all studio information and policies including monthly fees, bad weather/holidays policies, attendance, class observation, and class dress. I fully understand and agree to abide by these policies.

Parent/Guardian Signature\_\_\_\_\_date\_\_\_\_\_

## CLASSES ENROLLED IN

<u>CLASS NAME</u>	<u>LEVEL</u>	<u>DAY</u>	<u>TIME</u>	<u>TOTAL HOURS</u>	<u>TUITION(choose)</u>
1._____	_____	_____	_____	_____	Monthly\$_____
2._____	_____	_____	_____	_____	Semester\$_____
3._____	_____	_____	_____	_____	Yearly\$_____