

Elementary Ballet Registration Form

Making Melody June 12-July 19

Tuesdays 2-3:15

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

Work # (_____) _____ - _____ Birthday: _____

Last Grade Completed: _____ Gender Male/Female (circle)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Authorized Pickup #1: _____

Are you a member of this church? Yes No (circle one)

Do you attend church? Yes No (circle one)

If so, where? _____

Allergies: _____

Is there anything that might inhibit your child's ability to dance? (ex. injuries, surgeries, disabilities) _____

Secondary Ballet Registration Form

Making Melody June 12-July 19

Tuesdays 3:15-4:30

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

Work # (_____) _____ - _____ Birthday: _____

Last Grade Completed: _____ Gender Male/Female (circle)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Authorized Pickup #1: _____

Are you a member of this church? Yes No (circle one)

Do you attend church? Yes No (circle one)

If so, where? _____

Allergies: _____

Is there anything that might inhibit your child's ability to dance? (ex. injuries, surgeries, disabilities) _____

Elementary Jazz Registration Form

Making Melody June 12-July 19

Thursdays 2-3:15

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

Work # (_____) _____ - _____ Birthday: _____

Last Grade Completed: _____ Gender Male/Female (circle)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Authorized Pickup #1: _____

Are you a member of this church? Yes No (circle one)

Do you attend church? Yes No (circle one)

If so, where? _____

Allergies: _____

Is there anything that might inhibit your child's ability to dance? (ex. injuries, surgeries, disabilities) _____

Secondary Jazz Registration Form

Making Melody June 12-July 19

Thursdays 3:15-4:30

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

Work # (_____) _____ - _____ Birthday: _____

Last Grade Completed: _____ Gender Male/Female (circle)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Authorized Pickup #1: _____

Are you a member of this church? Yes No (circle one)

Do you attend church? Yes No (circle one)

If so, where? _____

Allergies: _____

Is there anything that might inhibit your child's ability to dance? (ex. injuries, surgeries, disabilities) _____

