Student Registration Form

 **Student Information Class Level\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Grade (entering)\_\_\_\_\_\_\_\_\_\_\_\_

Student's dance experience? YES or NO How many years? \_\_\_\_\_\_ Styles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you the primary contact in case of an emergency? YES or NO

Primary Phone/Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Would you like to receive texts to this cell from Agape? YES or NO

Alternate Phone/Home/Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person responsible for paying dance fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone/Cell of responsible party if different from parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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What is the best way for us to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in being added to our studio Facebook group? YES or No

How did you hear about Agape Ballet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Additional Emergency Information

Contact Name/Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical**

Does your child have a medical issue that may affect the child in class? YES or NO

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or special diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dancers 8yrs & UP (Competition Team)**

Is your dancer interested in being a part of our competition team? YES or NO

Would your dancer be able to commit to Friday/Weekend rehearsals? YES or NO

**Dancers 5yrs & Up (Spring Performance)**

Would your dancer be interested in auditioning for our 12 Dancing Princesses Spring Ballet? YES or NO

Would your dancer be able to commit to Friday/Weekend Rehearsals? YES or NO

**Intermediate/Advanced Dancers-**

Would you be able to commit to 1 regional competition of convention trip? YES or NO

Would you be able to commit to possible performances within our immediate area if asked? YES or NO

Please list any known day, date, or known schedule conflicts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­

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 **Dancer Measurements-**

Height \_\_\_\_\_ Bust \_\_\_\_\_\_ Waist \_\_\_\_\_\_ Hips \_\_\_\_\_\_ Girth \_\_\_\_\_\_ Inseam \_\_\_\_\_\_

Head circumference \_\_\_\_\_\_\_ T-Shirt Size \_\_\_\_\_\_\_Pants size \_\_\_\_\_\_ (street) Shoe Size \_\_\_\_\_\_\_

Tights Size \_\_\_\_\_ Leotard Size \_\_\_\_\_\_

COSTUME SIZE \_\_\_\_\_

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