

Registration Date: \_\_\_\_\_ Account Number \_\_\_\_\_

**Student Information**

Gender: Female Male

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip \_\_\_\_\_ Hm. Phone \_\_\_\_\_

Employer \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip \_\_\_\_\_ Hm. Phone \_\_\_\_\_

Employer \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Healthcare Provider \_\_\_\_\_

Policy No. \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

**Based on my evaluation and/or audition I would like to register for the following classe(s).**

**Circle your class choice(s).**

Pre-Ballet 1      Ballet 4      Boys Dance 1

Pre-Ballet 2      Teen Modern      Boys Dance 2

Ballet 1A      African 1      Excel!

Ballet 1B      African 2

Ballet 2      Hip Hop 1

Ballet 2      Hip Hop 2

Ballet 3      Hip Hop 3

Has the child participated in the Excel! program? Yes, School \_\_\_\_\_ No

Has the child participated in the *DanceDC* program? Yes, School \_\_\_\_\_ No