

Basically Ballet – *A Dance Studio for All*

Child/Teen Registration Form

Date: _____

Student Name (first, last): _____

Date of Birth (month/day/year): _____

Parent/Guardian name if student is under 18: _____

Primary phone: _____

Cell phone (if different): _____

Emergency Contact name: _____

Phone and relationship: _____

Name of person responsible for paying fees: _____

Primary email address: _____

Primary billing phone number: _____

Medical Information:

Any allergies: _____

Our instructors want to keep our students safe while dancing. Does your child/teen have a medical condition that our instructors should be aware of?

Will your child/teen require any special medical attention during a normal class?

(yes/no) _____. If yes – Explain: _____

Has your child/teen taken dance classes before? _____ what type of dance and for how long? Continue writing on the back if necessary _____

How did you hear about Basically Ballet? _____