

## Dance Dreams\* Enrollment Form

Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Info:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact #: \_\_\_\_\_

How many years of previous training has the student had? \_\_\_\_\_

Please list previous studios: \_\_\_\_\_

How did you hear about Dance Dreams? \_\_\_\_\_

Please circle the classes your child is interested in:

Ballet

Tap

Jazz

Hip Hop

Lyrical

**Please inform Dance Dreams of any allergies or allergic reactions your child may endure below.**

I fully understand that Ashley MacLeod or Dance Dreams nor its staff can or will be held responsible for injuries and/or loss of property while the above listed student attends any class activity held at or away from the dance studio. All photographs taken remain the property of Dance Dreams and may be used for studio viewing or advertising purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM AND ASHLEY WILL SEND YOUR SCHEDULE VIA MAIL/EMAIL!**