



## REGISTRATION FORM

Student's Name \_\_\_\_\_

Student's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Name & Phone Contact \_\_\_\_\_

### Mark areas of interest: My child is enrolling in:

- \_\_\_\_\_ Ballet/Tap (ages 3 and up)
- \_\_\_\_\_ Pre-classical ballet (ages 5-7)
- \_\_\_\_\_ Ballet (leveled classes)
- \_\_\_\_\_ Pointe (available for advanced dancer-must also take ballet class)
- \_\_\_\_\_ Jazz/ Tap Tech (leveled classes)
- \_\_\_\_\_ Hip Hop (ages 5 & up)
- \_\_\_\_\_ Lyrical/Contemporary (ages 6 & up)
- \_\_\_\_\_ Floor tumbling/gymnastics skills (Preschool class also available)

Previous dance training above the preschool years \_\_\_\_\_

\*\*\* Preschoolers only: Daycare attending \_\_\_\_\_

Health Information/Health Problems \_\_\_\_\_

A doctor's release form must be provided and on file with the office if your child has a chronic medical problem that we need to be made aware of before dance sessions begin!

I/we understand as guardian of this student that the dance center cannot be held responsible for any accident, injury, or harm that might come to my child as a result of factors beyond the center's control. I understand that competent instructors supervise all classes, monitored by adult staff in order to provide a safe learning environment.

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Registration fee \$30.00~Look for our "Back to Dance Workshop" flyers in the mail, email & on Facebook!  
(Required for NWD the Company Auditions)

Forms can be mailed to: Nancy's School of Dance \* P.O. Box 6252 D'Iberville, MS 39540 \* (228) 392-0853