



## CREATIVE MOVEMENT REGISTRATION FORM

Ages 4 - 6

**COST: \$100 – 10 week sessions**

This class celebrates youngsters' creative expression, and imagination by introducing rhythm exercises, awareness of the body, and basic ballet through creative approaches.

Scholarships are available

**\*A separate form is required for each child in family**

**10 – Week Session Start Date:** \_\_\_\_\_

**DANCE STUDENT NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Grade** \_\_\_\_\_

**PARENT #1 NAME** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE** **H** \_\_\_\_\_

**W** \_\_\_\_\_

**C** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**At which number shall we reach you in case of emergency?** \_\_\_\_\_

**Emergency Contact #1:** **Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone2:** \_\_\_\_\_

**Emergency Contact #2:** **Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone2:** \_\_\_\_\_

**PARENT #2 NAME** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE** **H** \_\_\_\_\_

**W** \_\_\_\_\_

**C** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**At which number shall we reach you in case of emergency?** \_\_\_\_\_

**Emergency Contact #1:** **Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone2:** \_\_\_\_\_

**Emergency Contact #2:** **Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone2:** \_\_\_\_\_

\_\_\_\_\_

**As the parent/legal guardian, I understand the need for a prompt drop-off and pick-up. I will insure that my child is prepared for class, wearing the proper clothes for dance/movement. I have signed the parent/guardian release form.**

\_\_\_\_\_  
**AGREED TO BY**

\_\_\_\_\_  
**RELATIONSHIP TO CHILD**

\_\_\_\_\_  
**DATE**