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.

_________________________________________  RELATIONSHIP TO CHILD  __________

AGREED TO BY  ____________________________  DATE