

Ballet Folklorico de Barajas

New student registration form

Sign-Up Date: _____

Student Information

Student Name: _____ **Nickname(s):** _____

Date of Birth: _____ **Grade:** _____ **School:** _____

Home Address: _____

Allergies/Limitations: _____

Is there any medical information you would like us to know about your child? Yes No

If so, please explain: _____

Parent/Caregiver (Guardian) Information N/A

Name(s) of Guardian: _____ and _____

Phone Number(s): (1) Primary _____ (2) Secondary _____

E-Mail Address(s): (1) Primary _____ (2) Secondary _____

Emergency Contact(s)

1) **Name:** _____ **Relationship:** _____ **Phone:** _____

Do you give consent for the person listed above (listed 1st) to pick-up your child? Yes No N/A

2) **Name:** _____ **Relationship:** _____ **Phone:** _____

Do you give consent for the person listed above (listed 2nd) to pick-up your child? Yes No N/A

3) **Name:** _____ **Relationship:** _____ **Phone:** _____

Do you give consent for the person listed above (listed 3rd) to pick-up your child? Yes No N/A

Help Us Learn More:

1) How did you hear about us? School Facebook Friends or Family Other: _____

2) What else should we know about to help this student succeed in this dance program? _____

3) What would you like you/your child to gain from dance?

Confidence Fun Activity Positive Peer Interaction Other: _____

I hereby affirm that the information above is true and correct:

Adult/Guardian Printed Name

Adult/Guardian Signature

Date