## Student Information form/class registration sheet

Dancer #1 name:	Age:	_ DOB:	:	_/_	/
Dancer #1 measurements (these	will be taken at time of registration): W:		G: _		
Class/classes dancer is registere	d for:				
Dancer #2 name:	Age:	DOB:		_/	_/
Dancer #2 measurements (these	will be taken at time of registration): W:		G: _		
Class/classes dancer is registere	d for:				
Dancer #3 name:	Age:	DOB:		_/	_/
Dancer #3 measurements (these	will be taken at time of registration): W:		G: _		
Class/classes dancer is registere	d for:				
Dancer #4 name:	Age:	DOB:		_/_	/
Dancer #4 measurements (these	will be taken at time of registration): W:		G: _		
Class/classes dancer is registere	d for:				
Parent full name (please includ	e both parents if communication will	 happe	n w	ith b	oth
parents):					
Parent 1 :	_ Address:			_	
Phone:					
Parent 1 :	_ Address:			_	
Phone:					
Parent email (this is our #1 form	n of communication, please write a <u>LE</u>	GIBLI	<u>E</u> er	nail)	:
Parent 1:					
Parent 2:					
Opt in for text message communi	cation yesno				
Date completed/returned:					