

☆ **STAR-STYLED DANCE CENTER REGISTRATION FORM** ☆

*“Where Every Dancer is a STAR”*

Child's Full Name \_\_\_\_\_

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

DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Cell Phone/ Alt #( ) \_\_\_\_\_

Names and ages of other children: \_\_\_\_\_

Inoculations the child has received: DPT \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Are inoculations current? YES or NO

Would you say your child's general physical condition is good? YES or NO

Child's physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Please list any conditions or problems about which we should be aware. Please include allergies.

\_\_\_\_\_

Is your child covered under an insurance plan for accidents and injury? YES or NO

Insurance Company's Name \_\_\_\_\_ Responsible Party \_\_\_\_\_

If school insurance were available, would you be interested? YES or NO

Emergency contacts (in the event that neither parent is available)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to child \_\_\_\_\_

What goals do you hope your child attains this year in our dance education program? \_\_\_\_\_

\_\_\_\_\_

May we use anonymous photos of your child in our recital program, website, and advertisements? YES or NO

Class Day \_\_\_\_\_ Time \_\_\_\_\_ Location CRANBERRY or ZELIE

I attest that the above information is to the best of my knowledge true and correct. I give permission for my child to participate in all classes for which he/she is registered. I realize and accept that there is certain risk involved in the participation of this program, as there would be in any physical activity. I hereby waiver and release any and all rights for damages I or my child may have against Star-Styled Dance Center, Inc., Cheryl K. O'Malley, and other staff members as such. I understand that there will be no credits or refunds given for classes missed or if a student withdraws. Tuition is to be paid monthly according to the payment chart.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_