

HAMMOND STUDIO OF DANCE

REGISTRATION FORM 2011-2012

Date: _____

PARENT INFORMATION

Name _____

Home Phone _____ Cell Phone _____

Email _____

Address _____

City/ State/ Zip _____

STUDENT INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Age ___ Female ___ Male ___

Home Phone _____ Cell Phone _____

Address(If different from above) _____

School _____ Grade _____

EMERGENCY CONTACT INFORMATION

Name _____ Home/Work/Cell Phone _____

Relationship _____

Please list all medical conditions, including current medications. Also list any learning or other special considerations/circumstances we should be aware of:

If new, how did you hear about us?
