



REGISTRATION FORM

Today's date ___/___/___
Special offer or coupon: _____

In the event of a class cancellation, medical emergency, or other extenuating circumstance, it is important that the studio be able to reach you or an emergency contact. This is not designed to be intrusive, but to give the studio the information needed to reach you and to best serve your student. If you are registering more than one child, please fill out one form in full, then the starred lines on new forms for each additional student.

*Class day(s): _____ Class time(s): _____ Type dance: _____
*Class day(s): _____ Class time(s): _____ Type dance: _____
*Class day(s): _____ Class time(s): _____ Type dance: _____
*Class day(s): _____ Class time(s): _____ Type dance: _____
*Summer only: Camp(s) start date & info: _____

*Student's name: _____ birthdate ___/___/___

Parent's name(s): _____ student's age _____

*Home phone: _____ best time to reach: _____

Mom's Work phone: _____ times usually at this number: _____

Dad's Work phone: _____ times usually at this number:: _____

Cell phone (if we can't reach you elsewhere): _____

Home address: _____ ZIP _____

E-mail address: _____

Emergency contact name: _____ relationship: _____

Emergency contact phone numbers: _____

*Medical condition information (such as food allergies, ADD, etc.): _____

How did you hear about us/who referred you? _____

If you don't mind, would you share what church you attend? _____

*By signing line A, I am indicating that I have read Kinetic Revelation Academy of Dance's policies and agree to abide by them, and that I have received a copy of those policies.

A. _____ date _____

*By signing line B, I agree that Kinetic Revelation has the right to use photographs or videos of class or performance with the above student in them for promotional purposes. Names will not be listed.

B. _____ date _____