

CHARLOTTE'S SCHOOL OF DANCE



AND PERFORMING ARTS



Student's Name _____ Age _____

Students DOB _____ School _____ Grade _____

Home Address _____

City _____ Zip _____

Email Address _____ (Please Print Clearly)

Home Phone _____ (Please Include Area Code)

Mother's Name _____ Occupation _____

Work Number _____ Cell _____

Father's Name _____ Occupation _____

Work Number _____ Cell _____

- Any medical conditions/medications we should know about your child:

- Person to be notified in case of emergency if we cannot reach either parent:

Name _____ Phone _____

Relationship to parent and/or child: _____

- If your child has studied somewhere other than CSofDance, please list where and for how long?

Please circle the classes your child would like to take:

PRESCHOOL COMBO CLASS

BALLET TAP JAZZ CLOGGING POINTE PRIVATE

This next section will enable us to make a schedule as convenient as possible. We will do the very best we can to accommodate everyone; however, classes will be scheduled according to the needs of the majority in each class. Please put the earliest time available for your child to come to class next to each day.

Mon: _____

Tues: _____

Wed: _____

Thurs: _____

Sat: _____

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RELEASE – WAIVER FORM

In consideration for Charlotte's School of Dance, permitting my child to participate in dance lessons, I hereby release and forever discharge Charlotte's School of Dance, and employees, from any and all liability arising out of my child's participation in dance lessons and other activities in connection with said lesson; including, but not limited to, travel to and from events sponsored by or participated in by Charlotte's School of Dance.

I certify that my child has not physical or medical condition, which to my knowledge would endanger my child or others if he or she participated in dance lessons, or would interfere with my child's ability to participate.

I agree to notify in writing any medical or physical problem my child or children may have that would not require special consideration. If persons listed for emergency contact cannot be reached, you have my permission to see assistance at the nearest medical facility.

SIGNATURE OF PARENT/GAURDIAN _____

DATE _____

STUDENT'S NAME _____