



# Registration Form Fall 2022 – Spring 2023



*New Student*       *Current Student*

SCHOOL YEAR: Sept. 6, 2022 – May 26, 2023

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Date of Birth (m/d/yr): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Academic School: \_\_\_\_\_ Grade as of Fall 2022: \_\_\_\_\_

### PARENT INFORMATION:

Primary Parent’s Name: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### Additional parent / guardian to contact in case of emergency:

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

### CLASS REGISTRATION:

Intermediate Foundation (11+ yrs old)

### FREQUENCY:

Once / week

**PREVIOUS DANCE TRAINING & EXPERIENCE**

Has your child taken ballet classes before?       **YES**                       **NO**

If yes, at which school? \_\_\_\_\_

Highest level reached: \_\_\_\_\_

Any training in other forms of dance:

**Jazz / Lyrical**       **Tap**                       **Hip Hop**                       **Hawaiian/Tahitian**                       **Other**

**MEDICAL HISTORY:**

Allergies that Poise Ballet should be aware of: \_\_\_\_\_

\_\_\_\_\_

Does your child have an illness that requires constant medical follow-up?       **YES**                       **NO**

If YES, please specify the nature/reasons: \_\_\_\_\_

Does your child have asthma, epilepsy, heart condition, etc. that Poise Ballet should be aware of?

**YES**                       **NO**                      If YES, please specify the nature: \_\_\_\_\_

Has your child had any of the following:

**Hospitalization that require 5+ days of stay**       **Surgery**       **Fractures**       **None**

***Please note that all the information gathered is strictly confidential and is for the sole purpose of ensuring the safety of your child while participating in strenuous physical activities.***