

**PLEASE PRINT LEGIBLY - PLEASE FILL OUT COMPLETELY**

**Contact & Personal Information**

Student Name: \_\_\_\_\_ Age: \_\_\_ as of: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Time School is out: \_\_\_\_\_ Years of Experience: \_\_\_\_\_ Where: \_\_\_\_\_

**CONTACT INFO: (Please put in order of who we should call first!!! This makes it much easier for our employees—this means immediate family and or who will pick the student up\*)**

1. Name: \_\_\_\_\_ Relationship to Student: MOM or other \_\_\_\_\_

Phone Number: \_\_\_\_\_ Circle: Home / Cell / Work \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: DAD or other \_\_\_\_\_

Phone Number: \_\_\_\_\_ Circle: Home / Cell / Work \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Circle: Home / Cell / Work \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**----Does your Student have a cell phone and/or email? Including them in announcements can help teach responsibility and help you keep up with their upcoming events and due dates----**

Student Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

OUR MAIN SOURCE OF CONTACT IS EMAIL & SOCIAL MEDIA. PLEASE INCLUDE ALL EMAIL ADDRESSES THAT ARE FREQUENTLY CHECKED IN YOUR HOUSEHOLD, OR ANYONE EXTRA YOU WANT TO INCLUDE TO OUR EMAILING LIST.

1. Name: \_\_\_\_\_ Relationship to Student: MOM or other \_\_\_\_\_

Email: \_\_\_\_\_ Circle: Personal/Work/Other \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: MOM or other \_\_\_\_\_

Email: \_\_\_\_\_ Circle: Personal/Work/Other \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: MOM or other \_\_\_\_\_

Email: \_\_\_\_\_ Circle: Personal/Work/Other \_\_\_\_\_

\*\*\*Are you ok with us posting class pictures on our social media during class dress up weeks?  YES  NO

**We will be using the app called "Remind" this year that allows your teacher to text your entire class in case of important announcements such as cancelled class due to extreme weather, etc. After classes are scheduled you will get a notification via text or email inviting you to join your class group. You DO NOT have to download this free app to benefit from its use. However if you choose to do so, there are additional features you may benefit from!**

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**Contact & Personal Information - Medical**

Does your child have any medical conditions or other information that would be helpful in an emergency situation? These conditions especially include, but are not limited to:

Asthma, breathing conditions, ADD/ADHD, learning disabilities, injuries or past injuries, use of an epi-pen, hypoglycemia, diabetes, allergies or allergic reactions, special medications that may need to be administered in emergency situations etc.

Please let us know any special information so that we may help keep your child safe as well as cater to their possible specific learning needs!

PLEASE LIST BELOW:

Please list **below** the days and times (ex. Mon 4 to 5) that your student is involved in other activities.

This helps when scheduling classes even though it is not guaranteed to avoid the given time.

→ \_\_\_\_\_

→ \_\_\_\_\_

<i>PLEASE SELECT:</i>		
<input type="checkbox"/> Combination Class	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Production
<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Jazz/Lyrical	<input type="checkbox"/> APDD Company Class
<input type="checkbox"/> All BOYS Hip Hop	<input type="checkbox"/> Cheer	<input type="checkbox"/> Contest Solo/Duet

<b>STAFF USE ONLY</b>		
Registration Fee:	<input type="checkbox"/> Paid _____	Amount _____
Merchandise/Other:	<input type="checkbox"/> Paid _____	Amount _____
Tuition:	<input type="checkbox"/> Paid _____	Amount _____
Total:	<input type="checkbox"/> CCD (type) _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check# _____	Total _____
Employee Signature:	_____	Date _____

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_, have read and agree to all of the policies, terms and conditions published by A P Dance Dimensions, including but not limited to semester fees, due dates, refund policies, rules, and Director decisions.

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