

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!!! Ex: Mom, Dad, Gma) 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 BAND APP, 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 "Band" 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! Students are welcomed to join as well! All you need is a phone number or email address!

PLEASE PRINT LEGIBLY - PLEASE FILL OUT COMPLETELY

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., food or pet allergies - 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.

→ _____

→ _____

What is the earliest time you child can make it to dance class on a weekday? _____

PLEASE SELECT:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Combination Class | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Private Lessons |
| <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"/> Production | <input type="checkbox"/> Contest Solo/Duet |

STAFF USE ONLY

Registration Fee: Paid _____ Amount _____
Merchandise/Other: Paid _____ Amount _____
Tuition: Paid _____ Amount _____
Total: CCD (type) _____ Cash 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. I have also thoroughly read through the separate APDD Policies sheet including COVID regulations and agree to abide by these guidelines.

Date: _____ Parent Signature: _____