

Joni's Dance Center

109 Sanford Street, Unit D-2
Hamden, CT 06514
203.287.0022



Registration Form

Student Name: _____	Full Address: _____
	Street
Birth Date: _____	Town State Zip
Student's Phone/Cell: _____	
Home Phone #: _____	Student's Email: _____

Mother's Name: _____	Father's Name: _____
Mother's Cell #: _____	Father's Cell #: _____
Mother's Work #: _____	Father's Work #: _____
Mother's Email: _____	Father's Email: _____
If Mother's Address is different: <i>Please include street, town, state, & Zip code</i>	If Father's Address is different:
Emergency Contact (not listed above) to contact if we cannot reach you: Name, home phone, Cell phone, & relationship	

Dance Experience: Years with Joni's Dance Center _____ other Dance Experience _____ <i>I give permission for class or performance photos of my child to be used by Joni's Dance Center in press releases, Joni's website and/or any other Joni's production or advertising materials.</i>
Please initial one: I Agree _____ I Do Not Agree _____

<i>Please circle your choices of classes for this year</i>						
<i>Ballet</i>	<i>Tap</i>	<i>Jazz</i>	<i>Hip Hop</i>	<i>Modern</i>	<i>Dance Company</i>	<i>Lyrical</i>

For Office use Only:	
Registration Fee: _____	Check #: _____
1st Month Tuition: _____	Cash: _____

Medical Information

1. My Child has the following medical conditions which warrant a doctors care:

2. You should also be aware of these special medical conditions of my child:

3. My Child has the following physical limitations:

4. My Child has allergic reactions to the following:

My Child, _____ has consent to participate in dance classes.
full name of student

Authorized Signature: _____

Name of Parent or Guardian: _____
please print full name