

# 2016 - 2017

## PERCEPTION DANCE ENROLLMENT FORM

Dancer Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Dancer Email: \_\_\_\_\_

Dancer Cell: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

2. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

3. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

4. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

5. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

6. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

7. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

8. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

9. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

10. Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Hours: \_\_\_\_\_

**TOTAL HOURS:** \_\_\_\_\_

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