



EMERGENCY INFORMATION

Student's Name: _____ Session enrolled for: _____

Parents' Names: _____

Home Phone: _____

Parent Work phone 1: _____ Parent Work phone 2: () _____

Pager number or cell phone(s): _____

Email Address: _____

Best place to reach or leave message during camp hours: _____

Emergency contact - Name: _____ Phone: _____

If medical treatment is needed please call: _____ Phone: _____

Medical conditions: _____

_____ I will need the EBDC tax identification number. I will keep this information confidential and use it only for tax purposes. Email (required): _____

My child cannot eat: _____

My child will not eat: _____

Allergies: _____ SPECIAL NEEDS: _____

Other adults authorized to drop off/pick your child: _____

Relationship to child: _____ Phone contact: _____

Parent's Signature: _____

Check this box if you do NOT wish to have your child's image posted on our website or Facebook page.

My child has (please check):

_____ Ballet shoes _____ Tap shoes _____ Jazz shoes Shoe size: _____

Previous dance training (if any). Fill in length of study for each form of dance studied:

Ballet _____ Pointe _____ Tap _____ Jazz _____

Hip Hop _____ Modern _____ African _____ Other: _____

Student likes working at a level that is (check one): Challenging _____ Comfortable _____

Student is interested in performing.