



# Registration Form

**Dancer Name:**

**Guardian Name:**

**Birthday:**

**Age:**

**Grade in September:**

**Cell Phone #:**

**Home Phone #:**

**Email:**

**Social Media Accounts:**

**Dancer MCP#:**

**Emergency Contact  
Name:**

**Phone #:**

**Relation:**

**Allergies/Dietary Restrictions:**

**(Please state if allergies are life threatening and/or the food needs to be banned from the studio)**

**Is there any other information we should know about you, your child or your family:**