



STUDENT INFORMATION FORM

In order to keep our records accurate, please fill out the following and return to the front desk. Thank you for helping us ensure the safety of all our dancers. – Royal Dance.

STUDENTS NAME: _____

PARENT/GUARDIAN NAME(S): _____

Contact Numbers:

Home: _____ Cellular: _____ Other: _____

Email _____

Additional person(s) authorized to pick up dancer in lieu of Parent/Guardian(s) listed above:

EMERGENCY CONTACT NAME: _____

In case parent/guardian(s) above are not available.

RELATION: _____

Contact Numbers:

Home: _____ Cellular: _____ Other: _____

Does your child have any allergies? _____ If yes, please describe.

Does your child have any medical conditions that could be irritated by physical activity? _____ If yes, please describe.

Signed: _____ Date: _____

Thank-you!

In order to serve you better in the future we would like to know how you heard about Royal Dance.

- I am a returning customer
- Saw on Facebook
- Saw on Instagram
- Referral from a friend/family member
- Other. Please describe: