

2021 – 2022 Registration Form

Student's Name: _____

DOB: _____ Age: _____

Address: _____

Town: _____ N.J. Zip: _____

Home Phone: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Relation to Dancer: _____

Home: _____ Cell: _____

We send out emails often. Please provide ALL email accounts you would like to receive correspondence at:

Email 1: _____ Email 2: _____

Email 3: _____ Email 4: _____

Does your child have any medical problems or allergies we should be aware of YES No

If yes, please describe: _____

Holiday Showcase T-Shirt Size: _____

(This shirt will be worn for all performances during our Holiday Showcase in December).

Whom may we thank for referring you to **ANIMATED MOVEMENT**? _____

Class Choice

Child's Level (Circle One)

Years of Age as of Oct 1st

Preschool (3 & 4) Kinder (5 & 6) Junior (7 – 10) Senior (11 – 18) Adult (Ageless)

Class Subject: _____ Day/Time: _____

Class Subject: _____ Day/Time: _____

Class Subject: _____ Day/Time: _____

Parent's Signature: _____

Date: _____

