## 2021 – 2022 Registration Form

Student's Name:		
D	OB:Ag	e:
Address:		<del></del>
Town:	N.J.	Zip:
Home Phone	e:	
Nother's Name:	Cell:	Work:
ather's Name:	Cell:	Work:
Emergency Contact Name:	Re	elation to Dancer:
Home:	Cell:	
We send out emails often	n. Please provide ALL ema correspondence	ail accounts you would like to receive at:
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	Email 2:	
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Email 3:  Does your child have any r  If yes, please describe:  Ho  (This shirt will be worn	Email 2:Email 2:Email 2:Email 4: medical problems or allergonal showcase T-Shirt Size: for all performances during of a you to ANIMATED MOVEMENT Class Choice	gies we should be aware of YES Notes that yes not yes
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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_