

Joni's Dance Center
109 Sanford Street, Unit D-2
Hamden, CT 06514
203.287.0022



**Joan Lynn Dance Company
Registration Form**

Group: _____

Student Name: _____	Full Address: _____
Birth Date: _____	Street _____
Student's Phone/Cell: _____	Town _____ State _____ Zip _____
Home Phone #: _____	Student's Email: _____

Parent Name _____	Parent Name _____
Parent Cell _____	Parent Cell _____
Parent Work # _____	Parent Work # _____
Parent Email _____	Parent Email _____
If Parent Address is Different <i>Please include street, town, state, & Zip code</i>	If Parent Address is Different <i>Please include street, town, state, & Zip code</i>
Emergency Contact (not listed above) to contact if we cannot reach you: Name, home phone, Cell phone, & relationship _____	

Dance Experience:
Years with Joni's Dance Center _____ other Dance Experience _____
I give permission for class or performance photos of my child to be used by Joni's Dance Center in press releases, Joni's website and/or any other Joni's production or advertising materials.
Please initial one: **I Agree** _____ **I Do Not Agree** _____

Please circle your choices of classes for this year

Dance Company	<i>Elite Novice</i>	<i>Elite A</i>	<i>Elite B</i>	<i>Elite C</i>
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For Office use Only:		
Registration Fee: _____	Check #: _____	
1st Month Tuition: _____	Cash: _____	

PLEASE FILL OUT THE MEDICAL FORM
ON THE REVERSE SIDE
Medical Information

1. My Child has the following medical conditions which warrant a doctors care:

2. You should also be aware of these special medical conditions of my child:

3. My Child has the following physical limitations:

4. My Child has allergic reactions to the following:

My Child, _____ has consent to participate in dance classes.
full name of student

Authorized Signature: _____

Name of Parent or Guardian: _____
please print full name