



Registration Form

109 Sanford Street, Unit D-2 *Joan Lynn Dance Company* Hamden, CT, 06514

203-287-0022 Dance Season 2024/2025

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

Parent/Legal Guardian #1:	Parent/Legal Guardian #2:
_____	_____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Address (if different from student's):	Address (if different from student's):
_____	_____
_____	_____

Emergency Contact (name, home phone, cell phone, and relationship):

Dance Experience:

Years with the Joan Lynn Dance Company: _____ Other Dance Experience: _____

I give permission for class or performance photos of my child to be used by the Joan Lynn Dance Company in press releases, website or social media content, and/or any other JLDC production or advertising materials:

Please Initial One: I Agree _____ I Do Not Agree _____

For Office Use Only:

Registration Fee: _____ 1st Month's Tuition: _____ Check: _____ Cash: _____



MEDICAL INFORMATION

1. My child has the following medical conditions which warrant a doctor's 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 the following allergies:

Parental Consent Waiver:

My child, _____ has my consent to participate in classes at
Full name of student
the Joan Lynn Dance Company.

Authorized Signature: _____

Full Name of Parent or Guardian:

_____ *Please print full name*