



ORLANDO SCHOOL OF CULTURAL DANCE

REGISTRATION FORM

Date: / /		<input type="checkbox"/> Child Registration		<input type="checkbox"/> Adult Registration	
ADULT/CHILD INFORMATION					
Last Name:			First Name:		Middle Initial:
Email:					
Birth Date: / /		Age:		Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Street Address:				Home Phone: ()	
City:		State:	Zip Code:	County:	Cell Phone: ()
If Child Registration		School:			
		Grade Level: <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High			
Is this your first time dancing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Prior Dance School - Name				City	
State:					
Prior experience (years and style of dance):					
How did you hear about our school? (please check one box):					
<input type="checkbox"/> Performance <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Family <input type="checkbox"/> School <input type="checkbox"/> Phone Book <input type="checkbox"/> Website <input type="checkbox"/> Other					
ADULT/CHILD HEALTH OR OTHER IMPORTANT INFORMATION					
Health or Physical Restrictions:					
Other Information:					
PARENT/GUARDIAN INFORMATION					
Name Parent/Guardian 1:		Home Phone Number: ()		Occupation:	
		Cell Phone Number: ()			
		Work Phone Number: ()			
Please Relationship To Child		Email:			
Mother Father		Address:			
Other:					
Name Parent/Guardian 2:		Home Phone Number: ()		Occupation:	
		Cell Phone Number: ()			
		Work Phone Number: ()			
Please Relationship To Child		Email:			
Mother Father		Address:			
Other:					
CURRICULUM CHOICES OR PROGRAMS					
<input type="checkbox"/> Pre-Dance/Creative Movement (ages 3-6)		<input type="checkbox"/> Adult Program			
<input type="checkbox"/> Ballet	<input type="checkbox"/> Point	<input type="checkbox"/> African	<input type="checkbox"/> Jazz		
<input type="checkbox"/> African Drum/Percussion	<input type="checkbox"/> Drum Circle	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Modern		
<input type="checkbox"/> After School Program	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Intensive Program			
<input type="checkbox"/> Boys Only Class	<input type="checkbox"/> Apprentice Teacher Program (ages 14+)			<input type="checkbox"/> Performer	
When would you prefer to attend classes? (please check one box):					
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> No Preference					
FOR INTERNAL USE ONLY					
Registration Payment Received: \$		Date: / /		Staff Signature:	