

Charlotte Braun Dance Studio, Inc.
6688 Pearl Road, Parma Heights, Ohio 44130
440-885-1313

Family Name _____

Home Phone _____

Other Phone _____

Address _____
House Number & Street City Zip

E-Mail Address _____

Mother's Name _____

Father's Name _____

& Occupation _____

& Occupation _____

Student's Name _____ Date of birth _____ Age as of 9/2016 _____

Ballet _____ (1 or 2 per week)

Tap _____

Jazz _____

Lyrical _____

Student's Name _____ Date of birth _____ Age as of 9/2016 _____

Ballet _____ (1 or 2 per week)

Tap _____

Jazz _____

Lyrical _____

Student's Name _____ Date of birth _____ Age as of 9/2016 _____

Ballet _____ (1 or 2 per week)

Tap _____

Jazz _____

Lyrical _____

Student's Name _____ Date of birth _____ Age as of 9/2016 _____

Ballet _____ (1 or 2 per week)

Tap _____

Jazz _____

Lyrical _____

EMERGENCY CONTACT INFORMATION:

Contact Name (other than parent) _____

Relation to Student _____

Phone Number _____

Other Number _____

In the event of an emergency, *Charlotte Braun Dance Studio, Inc.* has the permission of the above named student, or the permission of the student's parent/guardian if under age eighteen, to transport the above-named student to _____ for treatment.

(Please print name of preferred hospital)

Student's Family Physician / Pediatrician _____

Physician's Phone Number _____

PLEASE COMPLETE OTHER SIDE

•Please list any broken bones or physical injuries that any student(s) has sustained, and the approximate date of the injury:

Student's Name _____ Date of Injury _____

Injury & details _____

Student's Name _____ Date of Injury _____

Injury & details _____

Student's Name _____ Date of Injury _____

Injury & details _____

•Please list any medication(s) that the student is currently taking, and the reason for taking the medication:

Student's Name _____ Medication(s) _____

Details _____

Student's Name _____ Medication(s) _____

Details _____

Student's Name _____ Medication(s) _____

Details _____

•Please list any medical condition (including behavioral) that the student has that may affect their ability to dance or participate fully in class:

Student's Name _____ Details _____

Student's Name _____ Details _____

Student's Name _____ Details _____

Signature of Parent or Student _____ **Date** _____

Must be signed by Parent/Guardian if Student is under 18 years old

Thank you for your interest in Charlotte Braun Dance Studio, Inc!

Please let us know how you heard about us... Phone Book.....Web Site.....Friend.....Other _____

If you are a returning family, how many years have you been with us? _____ & Welcome Back!!!