

**CELEBRITY DANCE EMPORIUM
REGISTRATION FOR 2010/2011**

www.celebritydanceemporium.com

Please complete this form and return it to school at: 6989 Transit Rd, East Amherst, NY
14051 with a **\$30.00 Registration Fee.**
(Only one registration fee per family).

**PLEASE FILL OUT INFORMATION AND CHECK WHICH CLASSES YOUR CHILD WILL BE
TAKING**

STUDENT NAME _____ COMBINATION _____
ADDRESS _____ TAP _____ JAZZ _____
PARENT'S NAME _____ BALLET _____
PHONE # _____ CELL# _____ HIP HOP _____
BIRTHDAY _____ MUSICAL THEATRE _____
AGE _____ MALE _____ FEMALE _____ STRETCH & STRENGTHEN _____
E-MAIL _____ MODERN _____

If coming from another school, please list former school or teachers.
Also, please list the number of year's student has studied in each category.

<u>TEACHER OR SCHOOL</u>	<u>SUBJECT</u>
_____	TAP _____
_____	JAZZ _____
_____	BALLET _____
	HIP HOP _____
	MODERN _____
	MUSIC THEATRE _____

OFFICE USE:

DATE PAID: _____ AMOUNT: _____ CASH OR CHECK #: _____

CELEBRITY DANCE EMPORIUM

Emergency Contact Information

Please fill out the following information and return to the office by the student's first class.

Thank you.

Student Name: _____

Mother's Name: _____ **Father's Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Mother's Work #: _____ **Cell #:** _____

Father's Work #: _____ **Cell #:** _____

Emergency Contact if parents are unreachable:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____ **Cell #:** _____

Allergies (Medication, Environment, Food, etc.): _____

Medical Information we should know (ex. Asthma, ADHD, diabetes):

Medications student is currently taking: _____

Pre-Existing Condition (ex. congenital, injury, chronic): _____
