

# EMG DANCE

S T U D I O S

516 Livingston Street Norwood, NJ 07648

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www.EMGDanceStudios.com

## NEW STUDENT REGISTRATION FORM

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (circle one)

Home Address: \_\_\_\_\_

Mailing Address:  
(if different than above) \_\_\_\_\_

### Parents' Information:

Mother's Full Name: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Emergency Contact (besides parents listed above): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Medical Information:**

**Physician's Name:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_

**Any medical conditions?** Yes/No (circle one) If "yes," please list the conditions:  
\_\_\_\_\_

**Any allergies/allergic reactions?** Yes/No (circle one) If "yes," please list the conditions:  
\_\_\_\_\_

**Additional Information:**

**Does the student have any previous dance training/experience?** Yes/No (circle one)

If "yes," please list experience, length of time in training, locations of training:  
\_\_\_\_\_

**Please list any additional school affiliations/sports your student will be participating in this year:**  
\_\_\_\_\_

**Class(es) Interested In:** (please circle all that apply)

**Ballet**      **Ballroom**      **Contemporary**      **Hip-Hop**      **Jazz**      **Tap**  
**Musical Theater**      **Lyrical**      **Pointe**      **Turn & Jump**

**Social Media Contact Information:**

**Facebook:** \_\_\_\_\_ **Instagram:** \_\_\_\_\_

**May we contact you/your student through social media with studio news and updates?**  
Yes/No (please circle one)

**How did you hear about us?** \_\_\_\_\_

*Welcome to the EMG Dance Family!!!*

*"What we see through dance; we become."*