

*Juliana's*  
Academy of  
**Dance**

**2022-2023 Registration Form**

Last Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Student Information**

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical**

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Needs: \_\_\_\_\_

Allergy Needs: \_\_\_\_\_

**Please check all that apply:**

New Student: \_\_\_\_\_ Returning Student: \_\_\_\_\_ Competition Student: \_\_\_\_\_

Did you change competition levels from previous year? Yes or No

If yes, what level did you move to? \_\_\_\_\_

If new to JAOD, how did you hear about us? Family Social Media Friend TV/Radio Other