

Juliana's
Academy of
Dance

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