

**BALLET QUAD CITIES SCHOOL OF DANCE  
REGISTRATION FORM**

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

**CLASS LEVEL** \_\_\_\_\_

NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME NUMBER \_\_\_\_\_ PARENT'S WORK NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OTHER EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

IF NEW TO OUR SCHOOL, HOW DID YOU LEARN ABOUT BALLET QUAD CITIES SCHOOL OF DANCE?

\_\_\_\_\_

DOES BQC SCHOOL OF DANCE HAVE THE PERMISSION TO GIVE YOUR CHILD OVER THE COUNTER  
MEDICATION SUCH AS TYLENOL? YES NO

WHO ELSE WILL BE PICKING YOUR CHILD UP AFTER CLASS?

\_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_