

**BALLET QUAD CITIES SCHOOL OF DANCE
FALL 2010 REGISTRATION**

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 _____