

# DANCE WITH STACEY AFTERSCHOOL 2011-12 REGISTRATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ HOME # \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK# \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ CELL# \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact \_\_\_\_\_ # \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

PERSON'S AUTHORIZED TO PICK-UP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ANYONE NOT ALLOWED TO PICK-UP: \_\_\_\_\_

ANY FOOD ALLERGIES OR MEDICAL CONCERNS: \_\_\_\_\_

\_\_\_\_\_

2011 REGISTER FEE \$ 50.00 CK# \_\_\_\_\_

I HAVE READ THE POLICY INFORMATION AND UNDERSTAND IT AND WILL  
PAY THE CORRESPONDING FEES IF POLICY IS NEGLECTED.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_