



Ann's

Performing Arts Centre
aka Ann's Dancers School of Dance

STUDENT & FAMILY INFORMATION

Dancer's Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Student's Cell Phone _____

Student's Email _____ Birthdate _____ Age _____

Year Started With Ann _____ School _____ Grade _____

Classes Registered For: _____

Parents/Guardian/Lives With: _____

Address (if different) _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's Email _____ Yes, email me the monthly newsletter!

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone Number(s) _____

Other Family Members In Dance _____

Miscellaneous Information (other performance classes, medical condition, child pick-up instructions, etc.) _____

MEASUREMENTS

Height

Dress Size

Street Shoe Size

STUDIO WILL COMPLETE THIS SECTION

Bust

Hips

Inseam

Waist

Girth

Outseam