

2019 -2020 School Year General Registration

For Returning Students: *Has any of the below information changed since you registered last year? Yes _____ No _____*

If No, please sign:

By signing this registration form, I am complying with all of the policies set forth by the Fitzpatrick Academy (please see Fitzpatrick Academy Information and Policies/General Class Policies).

Signature _____ Date _____

If yes, please note on the form below.

For New Students:

Dancer's Last Name _____

1) Dancer's Name _____ Date of Birth _____

2) Dancer's Name _____ Date of Birth _____

3) Dancer's Name _____ Date of Birth _____

Parents or Guardian (s) _____

Street Address _____

Town _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

On a scale of 1-4, please state the best way to be contacted (1 being the best way and 4 being the worst):

Email _____ Text Message _____ Home Phone _____ Cell Phone _____

Emergency Contact Information:

Name of Contact _____

Relationship to student (s) _____

Number (s) of Contact _____

Medical conditions or allergies? Yes _____ No _____ If so, please specify: _____

For New Students: How did you hear of us?

Word of Mouth _____ Flyer _____ Social Media _____ Local Performance _____ Other _____

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Signature _____ **Date** _____