

Young Children's Dance Series 2011 Student Registration

Name of Student _____ Gender (circle one) F M

Birth Date ___/___/___ Age, Sept. 2010 _____ Grade _____ School _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Name of Parent/Guardian _____ Cell Phone _____

Name of Parent/Guardian _____ Cell Phone _____

Email Address _____

Additional Emergency Contact _____ Phone _____

Name of Doctor _____ Phone _____

Health Insurance/Plan _____ Policy # _____

Please specify in detail any allergies or medical conditions (including behavioral or learning-related) that NDI-NM should be made aware of. Please also list any prescription medications taken by the student: _____

How did you hear about our classes? _____

Optional questions

Primary Language(s): English Spanish Other: _____

Ethnicity:

Anglo Hispanic Asian African American Native American

Other: _____

NDI encourages parent involvement! Are you interested in being contacted about volunteer opportunities throughout the year? Yes No

For Office Use: Sibling Cross Reference _____