

**ALL AMERICAN DANCE FACTORY/
ALL AMERICAN CLASSICAL BALLET SCHOOL
New Student Form**

(Please print clearly)

Preferred EMAIL ADDRESS (STUDIO INFORMATION IS SENT VIA EMAIL)

Preferred Email: _____

Student's Name: _____ Birth Date: _____ Age: _____

2nd Student: _____ Birth Date: _____ Age: _____

3rd Student: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Home Phone _____

Email Address: _____ Cell Phone _____

Father's Name: _____ Cell Phone _____

Email Address: _____

Responsible Party for payment if different from above:

_____ Phone _____

Emergency Contact: (other than parents listed above):

_____ Phone _____

School Child Attends: _____ Grade: _____ Dismissal Time: _____

Please list any medical conditions that our school should be aware of: _____

I hereby waive, release, and forever discharge any and all rights and claims for damages, loss, or injury to my child's/children person or property arising from the performance or failure of performance of All American Dance Factory or All American Classical Ballet School, Inc. and its representatives, successors, and assigns.

Signature of Parent or Legal Guardian:

_____ Date: _____

Print Name of Parent or Legal Guardian:
