

973-376-2111

**Little Mover Registration**

908-686-8689

**Student Name:** \_\_\_\_\_  
(First name) (Last name)

**Address:** \_\_\_\_\_  
(Street) (Town) (Zip)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age (as of 9/21)** \_\_\_\_

**Parent Info: Parent 1:** \_\_\_\_\_ **Parent 2:** \_\_\_\_\_  
(First) (Last) (First) (Last)

**Home:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Home:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Cell:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Cell:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**E-mail** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

How did you hear about Turning Pointe Dance Center? **Sign Ad Friend Website Internet**

\*If your child has any medical conditions we should be aware of please list below:

I hereby permit my child to participate in dance and/or gymnastics and understand the risks inherent in such activities. I release Turning Pointe Dance Center and its staff from any and all legal liability and medical cost arising due to any injury incurred during the course of instruction or participation in any TPDC related activity.

I release rights to all photos taken in relation to Turning Pointe Dance Center, for exclusive TPDC use in promotion or advertising.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

	<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>	<b>Session 4</b>	<b>Session 5</b>	<b>Session 6</b>
<b>Dates</b>	September October	November December	January February	March April	May June	July August
Tuesday #16S 10:00-10:45am Springfield						
<b>Paid:</b>						
Wednesday #32 10:00-10:45am Springfield						
<b>Paid:</b>						
Saturday #80U 9:30-10:15am Union						
<b>Paid:</b>						

**Little Movers**

**Office Use only:**

Entered into DanceWorks       Entered in computer

Notes: \_\_\_\_\_