Will's Mountain School of Dance

APPLICATION FOR DANCE YEAR 2023-2024

Last name _____ First name _____ Middle name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____Birthdate _____Grade in School_____

Current age _____ Family E-mail address:_____

Facebook User Name for Private Facebook Class Page:_____

How long has this student been dancing at WMSD? _____

Rate your commitment level. Circle one: (Low) 1   2   3   4   5   6   7   8   9   10 (High)

FAMILY INFORMATION

Father's Name _____Marital Status _____ Custody? ___ YES ___ NO

Address (if different from student)_____

Phone Number _____ E-mail Address _____

Mother's Name _____Marital Status _____ Custody? ___ YES ___ NO

Address (if different from student) _____

Phone Number _____ E-mail Address _____

Other (Guardian, Step Parent, etc.) Please specify relationship: _____

Name _____ Marital Status _____ Custody? ___ YES ___ NO

Address (if different from student) _____

Phone Number _____ E-mail Address_____

Parents/Guardians/Students that will be responsible for transportation of your child to and from practices, performances, and competitions. Name/s and Relationship to the child
_____

_____

Name and Phone # of person to be contacted by the studio in case of an emergency:

_____

STUDENT HEALTH INFORMATION Please answer all questions thoroughly. The studio's ability to meet the physical needs of each child is considered during the admissions process. Is your child allergic to anything? If so, list them.

_____

_____

Describe any physical disabilities your child may have (heart, hearing, speech impediment, vision, major illnesses in the past year, etc.) and any unusual circumstances in your child's life.

_____

_____

Does your child take medication on a regular basis? _____ If yes, list the medication name(s) and the reason(s) for taking the medication(s).

_____

_____

Has your child had any serious discipline problems? _____ If you answered yes to the question above, please explain in detail:

_____

_____

Does your child desire to be enrolled in Will's Mountain School of Dance? _____
Please explain the answer:

List any other activities this student participates in, including days and hours:

_____

* Parental/Caregiver Agreement *

I, _____ agree to support the studio with my/our prayers and with a positive attitude. Complaints or negative comments will be shared only with the teacher, directors, or person involved and not with my/our child or other people.

I, _____, promise to support and be loyal to my Will's Mountain School of Dance team. I understand that I am not to participate in any other Dance Studio teams, while I am a team member at Will's Mountain School of Dance. (TEAM Loyalty Clause: Together Everyone Achieves More)

I _____, will not hold the Will's Mountain School of Dance responsible for any injuries sustained during participation of activities at the studio.

I _____, will not hold the Will's Mountain School of Dance responsible for any exposure to Covid 19 sustained during participation of activities at the studio.

I _____, will be responsible for all medical expenses from injuries sustained during participation of dance class.

Print Name of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____