

Sara Kate's Dance Studio

Student Information Form

Date: _____

Student's Name: _____

Age: _____ Birthdate: _____

Parent(s) Name(s): _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Student's Cell Phone - If different: _____

Emergency Contact Name & Number: _____

Email: _____ Do you accept text messages? _____

Does the student have any medical issues? Or takes medication? _____

If yes, please explain:

Anything else we should know about your child? If this is a new student to us, what kind of dance/tumbling experience do they have? _____

Thank you! We're very glad to have you and your child with us!