

*Charlotte Braun Dance Studio, Inc.*  
*6688 Pearl Road, Parma Heights, Ohio 44130*  
*440-885-1313*

Family Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Address \_\_\_\_\_  
House Number & Street City Zip

E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

& Occupation \_\_\_\_\_

& Occupation \_\_\_\_\_

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Student's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age as of 9/1/11 \_\_\_\_\_

Ballet \_\_\_\_ (1 or 2 per week) Tap \_\_\_\_ Jazz \_\_\_\_ Lyrical \_\_\_\_

Student's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age as of 9/1/11 \_\_\_\_\_

Ballet \_\_\_\_ (1 or 2 per week) Tap \_\_\_\_ Jazz \_\_\_\_ Lyrical \_\_\_\_

Student's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age as of 9/1/11 \_\_\_\_\_

Ballet \_\_\_\_ (1 or 2 per week) Tap \_\_\_\_ Jazz \_\_\_\_ Lyrical \_\_\_\_

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EMERGENCY CONTACT INFORMATION:

Contact Name (other than parent) \_\_\_\_\_

Relation to Student \_\_\_\_\_

Phone Number \_\_\_\_\_

Other Number \_\_\_\_\_

In the event of an emergency, *Charlotte Braun Dance Studio, Inc.* has the permission of the above named student, or the permission of the student's parent/guardian if under age eighteen, to transport the above-named student to \_\_\_\_\_ for treatment.  
(Please print name of preferred hospital)

Student's Family Physician / Pediatrician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

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PLEASE COMPLETE OTHER SIDE

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•Please list any broken bones or physical injuries that any student(s) has sustained, and the approximate date of the injury:

Student's Name \_\_\_\_\_ Date of Injury \_\_\_\_\_

Injury & details \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Injury \_\_\_\_\_

Injury & details \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Injury \_\_\_\_\_

Injury & details \_\_\_\_\_

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•Please list any medication(s) that the student is currently taking, and the reason for taking the medication:

Student's Name \_\_\_\_\_ Medication(s) \_\_\_\_\_

Details \_\_\_\_\_

Student's Name \_\_\_\_\_ Medication(s) \_\_\_\_\_

Details \_\_\_\_\_

Student's Name \_\_\_\_\_ Medication(s) \_\_\_\_\_

Details \_\_\_\_\_

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•Please list any medical condition (including behavioral) that the student has that may affect their ability to dance or participate fully in class:

Student's Name \_\_\_\_\_ Details \_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_ Details \_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_ Details \_\_\_\_\_

\_\_\_\_\_

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**Signature of Parent or Student** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*Must be signed by Parent/Guardian if Student is under 18 years old\*\*

**Thank you for your interest in Charlotte Braun Dance Studio, Inc!**

Please let us know how you heard about us... Phone Book.....Web Site.....Friend.....Other \_\_\_\_\_

If you are a returning family, how many years have you been with us? \_\_\_\_\_ & Welcome Back!!!