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2022 Summer Camp Registration Form

REGISTRATON \$35

HOW DID YOU HEAR ABOUT US? Facebook Instagram Referral from current student
 Other _____

STUDENT INFORMATION:

Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Date of Enrollment: ____/____/____
Full Name:		
Student's Physical Address:	State:	Zip Code:
Primary Hours of Care: From: _____ To: _____	Days in Care: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	

FAMILY INFORMATION:

STUDENT LIVES WITH: _____

Parent One Name:	Parent Two Name:
Mobile:	Mobile:
Employer:	Employer:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Email:	Email:
Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	

STUDENT'S MEDICAL INFORMATION:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor:	Phone Number:
Address:	
Please list allergies, special medical or dietary needs, or other areas of concern:	

EMERGENCY CONTACTS:

Full Name:					
Relationship to Student Friend	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/>
<input type="checkbox"/> Other _____					
Mobile #:	Home #:	Work#:			

Full Name:					
Relationship to Student Friend	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/>
<input type="checkbox"/> Other _____					
Mobile #:	Home #:	Work#:			

Full Name:					
Relationship to Student Friend	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/>
<input type="checkbox"/> Other _____					
Mobile #:	Home #:	Work#:			

Helpful information about your child:

Password: _____ (This password is used for your child's protection.)

Circumstances may occur when you need someone who is not listed on the enrollment form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked for your password. Informing us of your password will enable us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your instructions over the telephone. The password for your child should NOT be given to any other individual. The password provides a code between staff and parents only to enable us to follow your instructions over the phone.

Signature of Parent/Guardian	_____/_____/_____ Date
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