KATHRYN ROSZAK
DANSE LUMIERE

6334 Kensington Avenue
Richmond, CA 94805
(510) 233-5550

Fall 2010
IMPORTANT: PLEASE FILL OUT THE ENTIRE FORM
Creative Movement Mon. 3:30PM
Ballet 1 and 2 Mon. 4:15PM
Ballet 2 and 3 Wed. 3:30PM
Ballet 3 and 4 Wed. 4:30PM

Child Name:

Birthdate:

Address:

Zip Code:

Parent Name:

Telephone:

E-mail:

Emergency contact: IMPORTANT-we must have current/working phone numbers:
1.Your own Emergency Contact :
2.Another local Parent for Emergencies:
3. Responsible Person Outside the Area:

Child's School?

How did you hear about our program?

Name of Doctor/Phone:

Please answer the following questions, explaining all "yes" answers fully on another sheet, so we can better serve your child:
Does your child have any special physical, behavioral, medical, or other needs?
If yes, please describe and contact program director
Does your child have any allergies:
How did you hear about our program?

Waiver:
I understand that Kathryn Roszak does not assume any liability for her classes. I understand that dance is a physical activity and that my child is in good health for that activity. I agree to inform the instructor of any special concerns or conditions regarding the health of my child. I agree that my child may appear in photographs/video promoting the program.

_____
Signature/Date