

DancEncounter Ltd: *DancEsteem Registration Form*

An online version is possible too- Please request [at dancencounterweb@gmail.com](mailto:dancencounterweb@gmail.com) or 630 232 1221
You are welcome to set up a studio visitation/viewing orientation by appointment for your student & family
www.dancencounter.org/dancesteem

Parent Names (first and last)_____

Address_____

Cell#_____ Email_____

Student Name_____ DoB_____

Student Details: Please share as much as possible – feel free to attach pages/ documents.

Health/Medical

Behavioral Habits

Favorites: Music

Colors, Characters, TV shows/movies

Dislikes:

Things to Avoid

Key words/ Motivators/ to Aid Communication:

I permit my child to participate in dance activity and assume all risk involved waiving DE from loss damage or injury. I agree to abide by studio policies and honor safety, kindness & respect at all times.

Signature_____ Date_____

Print Name_____

Thank you for the opportunity to serve you!