



Steppin' Out

Dancers name		Classes: Please check the following class/classes that you wish for you/your child to attend for the 09-10 Season. Should you have any questions, please do not hesitate to ask.	
Birth date			
Childs age		<input type="checkbox"/>	2 1/2 yr. Old combo dance
child's grade		<input type="checkbox"/>	3 & 4 yr. Old Ballet, Tap, Tumbling
dancers email		<input type="checkbox"/>	Kindergarten & 1st grade Ballet, Tap, Jazz
Mother's name		<input type="checkbox"/>	Kindergarten & 1st grade Hip Hop, Jazz, Acro
Father's name		<input type="checkbox"/>	Jazz <input type="checkbox"/> Acting classes (please inquire)
address		<input type="checkbox"/>	Tap <input type="checkbox"/> Voice (private)
City		<input type="checkbox"/>	Hip Hop <input type="checkbox"/> Voice (group)
Zip County		<input type="checkbox"/>	Ballet
Subdivision		<input type="checkbox"/>	Lyrical
email		<input type="checkbox"/>	Acro
additional email		<input type="checkbox"/>	Pointe (per teacher approval & must take ballet)
Home phone		<input type="checkbox"/>	Stretch/Technique
Mom's cell		<input type="checkbox"/>	Musical Theatre
Dad's cell		<input type="checkbox"/>	

My child will participate in Company 2008-2009. (Please check appropriate boxes)

<input type="checkbox"/>	Tap Company	<input type="checkbox"/>	Adult Programs:
<input type="checkbox"/>	Jazz Company	<input type="checkbox"/>	Jazz/Hip Hop
<input type="checkbox"/>	Production (mandatory)	<input type="checkbox"/>	Tap
<input type="checkbox"/>	Ballet (mandatory)	<input type="checkbox"/>	Ballet
<input type="checkbox"/>	Stretch/Technique (mandatory)	<input type="checkbox"/>	Ballroom Dancing

My child will be participating in Company 08-09 and would also like to be placed in the following additional classes: (Please check appropriate boxes)

<input type="checkbox"/>	Pointe	<input type="checkbox"/>	Acro
<input type="checkbox"/>	Hip Hop	<input type="checkbox"/>	Musical Theatre
<input type="checkbox"/>	Lyrical	<input type="checkbox"/>	Contemporary

My child will not be participating in Company 08-09 but wishes to be placed in regular classes: (Please check appropriate boxes)

<input type="checkbox"/>	Ballet	<input type="checkbox"/>	Pointe (must take ballet)
<input type="checkbox"/>	Tap	<input type="checkbox"/>	Musical Theatre
<input type="checkbox"/>	Jazz	<input type="checkbox"/>	Acro
<input type="checkbox"/>	Lyrical	<input type="checkbox"/>	Hip Hop

My child will be withdrawing from SOPAC.

Health issues, allergies, disabilities, etc. we should be aware of: _____

Parent signature _____