



FLORIDA ARTS & DANCE COMPANY

REGISTRATION FORM Siblings

Student's Name _____

Date of Birth _____ Age as of Aug. 1st _____ Grade: _____

Known Allergies _____

Limitations and Behaviors FADC staff should be aware of: _____

Emergency Contact:

Name: _____ (Phone) _____

Class Registration:

| Class | Day | Time | Teacher |
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