

Joy of Dance

School of the Arts

Emergency Contact Form 2016-2017

Student Name: _____

Class: _____ **Day:** _____ **Time:** _____

Instructor: _____

Emergency Info:

Parents: _____

Phone: _____ **Cell:** _____

Emergency Contact Person: _____

Relation to student: _____

Phone: _____

Special needs/medication: _____

-----For Office use only-----

Attendance Form:

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Student measurements:

Bust	Waist	Hips	Girth	Inseam	Color	Size