

IN ORDER TO BE CONSIDERED ALL ITEMS MUST BE COMPLETED (unless otherwise noted)

PARENT/GUARDIAN INFORMATION

Parent/Guardian : _____ Relation: _____
 Cell #: _____ Home/Work #: _____ Email: _____
 Occupation: _____ Company: _____ Interested in Volunteering: **YES - NO**

ADDRESS INFORMATION

Home Address: _____ City: _____ Zip: _____
 Mailing Address: _____ City: _____ Zip: _____

CHILDREN

Child 1: _____ Date of Birth: _____
Ethnicity (check all that apply) Gender: _____ School: _____ Home Zip Code: _____
 African American Asian/Pacific Islander Caucasian Latino/Latina Native American Other: _____
Classes of Interest: _____ Number of Classes Per Week: _____
 Martial Arts Hip-Hop Dance Modern Dance Self-Defense Theater 1 2 3 4+

Child 2: _____ Date of Birth: _____
Ethnicity (check all that apply) Gender: _____ School: _____ Home Zip Code: _____
 African American Asian/Pacific Islander Caucasian Latino/Latina Native American Other: _____
Classes of Interest: _____ Number of Classes Per Week: _____
 Martial Arts Hip-Hop Dance Modern Dance Self-Defense Theater 1 2 3 4+

Child 3: _____ Date of Birth: _____
Ethnicity (check all that apply) Gender: _____ School: _____ Home Zip Code: _____
 African American Caucasian Asian/Pacific Islander Latino/Latina Native American Other: _____
Classes of Interest: _____ Number of Classes Per Week: _____
 Martial Arts Hip-Hop Dance Modern Dance Self-Defense Theater 1 2 3 4+

Child 4: _____ Date of Birth: _____
Ethnicity (check all that apply) Gender: _____ School: _____ Home Zip Code: _____
 African American Caucasian Asian/Pacific Islander Latino/Latina Native American Other: _____
Classes of Interest: _____ Number of Classes Per Week: _____
 Martial Arts Hip-Hop Dance Modern Dance Self-Defense Theater 1 2 3 4+

