



with Miss Cindy

"Bringing the dance studio experience to you!"

Langham Creek YMCA Dancer / Parent Information

** Please return this form to Miss Cindy on your child's first day of class. Thanks!*

Please circle your child's class

Buttercups

Bluebonnets

Stars

Daisies

Ages 3,4,5

Ages 3,4,5

Ages 5-7

Ages 7-13

1:15-2:00

2:00-2:45

6:45-7:30

7:30-8:15

Date: _____

Dancer's Name: _____

Age: _____ Birthday (Month/Day/Year): _____

Has your dancer ever danced with Miss Cindy? (Circle one) Yes No

If yes, how many years? (Not counting summer) _____

Dancer's Home Address: _____

Name of Subdivision / Apartment Complex: _____

Home Phone # _____ Alt Phone # _____

Membership Type? (Circle one) Full Facility Member Program Member

DANCER INFORMATION

CONTACT INFORMATION

Who do we need to contact regarding dance information?

Name: _____

Relation to dancer? _____

Contacts Home Address: _____

Home Phone # _____ Alt Phone # _____

Email address: _____

OTHER INFORMATION

Does your dancer have any disabilities that Miss Cindy needs to know about?

(Circle one) Yes No

If yes please explain. _____

Does your daughter take daily medicine? (Circle one) Yes No

If yes please explain. _____

Does your dancer speak another language other than English? (Circle one) Yes No

If yes please explain. _____
