

Academy of Performing Arts, New England - Registration Form

Please fill out this form entirely and submit so that we may hold a spot for your registration.

Registration will not become official until a check is received. **Mail to APA New England, 9 Acton Road, Chelmsford, Ma 01824**

Please provide the following information:

Student's Name _____

Parent's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Date of Birth _____ Age _____ Grade _____

Has the student participated in dance classes before? _____

If yes, how many years and what styles of dance? (i.e. 3 years ballet, 2 years jazz, etc.)

Which class or classes are you interested in? _____

Please list any and all physical/ mental limitations, medical conditions or other problems that may affect child's performance

Please list allergies _____

Please list allergies to medications _____

Please list any medication that you are currently taking _____

Please list name of insurance company that covers participant: _____

Subscriber _____ Relationship to Participant _____

Policy Number _____

Please check here if the participant is not covered under an insurance policy. Please be aware that all bills will be sent directly to the parent or legal guardian.

In case of an emergency, notify: _____

Relationship to Child _____ Home Phone _____

Work Phone _____ Cell Phone _____

Do you permit Academy of Performing Arts, New England to release your child to this person Yes / No

If this person cannot be reached, please contact: _____

Relationship to Child _____ Home Phone _____

Work Phone _____ Cell Phone _____

Do you permit Academy of Performing Arts, New England to release your child to this person? Yes / No

I verify that the above information is current and I am responsible to notify of any changes to the above in writing.

Signature _____ Date _____