



Yellowstone Dance Company & Studio

PLEASE COMPLETE THE FOLLOWING:

Student Full Name _____

Student Cell Phone _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Father's Name _____

Occupation _____ Company _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail Address _____

Mother's Name _____

Occupation _____ Company _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail Address _____

Students School _____

Time of School dismissal _____ Year in School _____

Years of dance training at the end of this current school year _____

Please indicate which genre your child would like to participate in while attending Yellowstone Dance Company and Studio. Depending on dancer ability you will then be placed in the appropriate level.

Jazz/ Tap Hip Hop Ballet

Production Solo/ Duo/ Trio Creative Movement

Private and Semi-Private lessons are taught only for:

- (a) Students who are active in competition
- (b) Students selected to learn a special number for a show
- (c) Students who need to catch up on a class
- (d) Special privates are requested by the student for extra help throughout the year will be given only if the teacher has time.

PERSONAL

List child's allergies or medical conditions if any

If parents cannot be reached in emergency, contact:

Name _____ Phone Number _____

Doctors Name _____ Doctor's Phone _____

Hospital Preference (circle One) Billings Clinic 238-2500 St. Vincent's 237-7000

**** FOR NEW STUDENTS ONLY ****

Please (x) areas students have had previous training:

Ballet

Former Teacher _____ Present Teacher _____

List Dance experience (years danced, competition, title held, etc.) _____

Dance

Former Teacher _____ Present Teacher _____

List dance experience (years danced, competition, titles held, etc.) _____

Gymnastics

Former Teacher _____ Present Teacher _____

List dance experience (years danced, competition, titles held, etc.) _____

Cheer

Former Teacher _____ Present Teacher _____

List dance experience (years danced, competition, titles held, etc.) _____

PERSONAL

List child's allergies or medical conditions if any _____
