

# Borne2Dance Student Information

Name of Student(s): \_\_\_\_\_ Birthday: \_\_\_\_\_

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Any health issues we need to know about? Allergies?: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

Email address we can contact you at: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_