

## DANCE REGISTRATION FORM

O F F I C E   U S E   O N L Y

Psalm 149:3 Let them praise his name with dancing.



**MAIL REGISTRATION FORM AND PAYMENT TO:**  
 Easter Lutheran Church • 4200 Pilot Knob Road • Eagan, MN 55122-1822

S E S S I O N			LAST INITIAL
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> CAMP	

STUDENT 1 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GRADE (CURRENT / COMPLETED) \_\_\_\_\_ CLASS / CAMP \_\_\_\_\_ CLASS / CAMP TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

CLASSMATE REQUEST \_\_\_\_\_ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS \_\_\_\_\_

STUDENT 2 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GRADE (CURRENT / COMPLETED) \_\_\_\_\_ CLASS / CAMP \_\_\_\_\_ CLASS / CAMP TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

CLASSMATE REQUEST \_\_\_\_\_ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS \_\_\_\_\_

STUDENT 3 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GRADE (CURRENT / COMPLETED) \_\_\_\_\_ CLASS / CAMP \_\_\_\_\_ CLASS / CAMP TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

CLASSMATE REQUEST \_\_\_\_\_ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS NAME(S) \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

I give permission for my child to attend Spirited Feet dance classes. In case of accident or injury, I do not hold Spirited Feet responsible.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give Spirited Feet permission to take pictures and video for promotional purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



Spirited Feet  
 1671 Thornhill Court, Woodbury, MN 55125  
 651-578-7878