



Little Primas' 1 \_\_\_\_\_ Little Primas' 2 \_\_\_\_\_ Little Primas' 3 \_\_\_\_\_

Little Primas' 4 \_\_\_\_\_ Little Primas' 5 \_\_\_\_\_

Name \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Has the student ever danced? \_\_\_\_\_ How long has he/she danced? \_\_\_\_\_

List dance experience \_\_\_\_\_

Does the dancer have any current injuries or medical conditions that we should be aware of?

Does the dancer carry any needed medications? \_\_\_\_\_

What are your dancers goals within the program? \_\_\_\_\_

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

Do you have any friends interested in our program? Please list their name and contact number.

Who is allowed to pick up your dancer? \_\_\_\_\_



It's time to place on our  
Tiaras and have fun!!!

See you in class,

Ms. Kezia