

*Florene Litthcut's
Inner City
Children's
Touring Dance Company, Inc.*

Carrie P. Meek Senior and Cultural Center
1350 NW 50th Street, Miami Florida 33142

Phone: 305.758.1577

email: childrendance@yahoo.com

website: www.childrendance.net

2014 - 2015 REGISTRATION FORM

Enroll my child in the following program:

Student's Name _____
First Middle Initial Last Birthdate Age

Choose your class (es)

- Mommy & Me - Tapping Toddlers**
(18 - 24 months) Florene Litthcut Nichols
- Tiny Tots - Cre8tive Movement Combo**
(ages 2 1/2 - 4) Florene Litthcut Nichols
- Kinder Dance - Cre8tive Movement Tap Combo**
(ages 5 - 7) Florene Litthcut Nichols
- Primary Ballet-Level I**
(ages 7 - 9) Amy Deer
- Primary Ballet-Level II**
(ages 9 - 12) Amy Deer
- Youth Intermediate Ballet/Pre-Pointe**
(ages 11-up) audition required Amy Deer
- Fashion Modeling**
(ages TBD) TBA
- Etiquette/Dining Skill Tutorial w/Meals**
(ages 5-youth) Florene Litthcut Nichols

Date _____ Parent's printed name _____ Signature _____

STUDENT INFORMATION FORM

Please Print

Student lives with _____ Relationship _____
name(s)

Students name _____
First Middle Last

Birthdate ____/____/____ Age ____/____ School _____ Grade _____
Month date year years months name/address

Home address _____/_____/_____
Street unit# City zip

Home Phone/_____/_____/_____ Mobile _____ Email _____

Parent/Gaurdian#1 _____ Parent/Gaurdian #2 _____

Address#1 _____ Address #2 _____

Phone #1 _____ Phone #2 _____

Email#1 _____ Email #2 _____

Employer _____ Employer _____

Who is responsible for tuition? _____ Relationship _____

Emergency contact Information

Contact Name _____ Relationship _____

(other than parent) First _____ Last _____

(other than parent)
Address _____/_____/_____
Street unit# City zip

Home phone _____ Mobile _____ Email _____

Does your child have any medical conditions that would require doctor's authorization or that would limit his/her participation in the program?

Yes No If Yes, please provide medical authorization/doctor's note.

Medical Allergic Reactions Dietary Behavior Sensitivities Other

Special Instructions _____
Please Explain _____

I hereby give permission for my child (named above) to participate in ICCTDC performing arts program and related activities. I give ICCTDC permission to photograph and/or videotape my child for the purpose of marketing and public relations activities of the organization and its related parties. I certify that I will hold harmless the City of Miami, ICCTDC board of directors, trustees, partners, executive directors, instructors or any employee liable for injuries sustained or illness contracted by my child's participation in the ICCTDC performing arts program and related activities. I recognize and understand the special risks of physical injury inherent in

movement training and willingly assume those risks. I have truthfully acquainted the staff with any medical conditions or treatment that my child has, whether active or passive. I understand that certain activities may cause my child to have reaction. My child has been seen by medical personnel and is in good physical condition. I understand that ICCTDC is not responsible for money, personal items, etc., lost during the program and will discourage registrants from bringing such items. I understand that by signing this registration form, I am agreeing to the guidelines outlined in the Policies and Procedures governing the of ICCTDC organization.

Date _____ Printed name _____ Signature _____ Relationship _____