



Hellenic Dance Program (Levendogenia) 2023

REGISTRATION FORM

STUDENT #1			
Student Surname:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
Home Address: (same as)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian	Date of Birth:	
Allergies:			
Health:	<input type="checkbox"/> Asthma	<input type="checkbox"/> Deafness/ Hard of Hearing	<input type="checkbox"/> Heart Disease
	<input type="checkbox"/> Behavioural Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Shunt
	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Other
	Other: Please explain:		
STUDENT #2			
Student Surname:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
Home Address: (same as)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian	Date of Birth:	
Allergies:			
Health:	<input type="checkbox"/> Asthma	<input type="checkbox"/> Deafness/ Hard of Hearing	<input type="checkbox"/> Heart Disease
	<input type="checkbox"/> Behavioural Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Shunt
	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Other
	Other: Please explain:		
PARENTS/LEGAL GUARDIANS and EMERGENCY CONTACT INFORMATION			
Parent/Legal Guardian1:	Last Name	First Name	
Primary point of Contact Information:	Home Phone#:	Work Phone#:	
	Cell Phone #:	Email:	
	Home Address:		
Parent/Legal Guardian2:	Last Name	First Name	
Secondary Point of Contact Information:	Home Phone#:	Work Phone#:	
	Cell Phone #:	Email:	
	Home Address:		
EMERGENCY CONTACT: (other than parent)	FULL NAME		RELATIONSHIP
	Home Address:		
	Primary Contact Phone #		Alternate Phone #