



2017 - 2018

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Preferred First Name (for roster): _____ Birthdate: _____ / _____ / _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Academic School (if applicable): _____ 2017-2018 Grade: _____

PARENT/GUARDIAN 1 INFORMATION:

Name: _____ Relationship to Student: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Email (will be used as primary email contact): _____

Cell Phone (will be used as primary phone contact): () _____

Home Phone: () _____ Work Phone: () _____

PARENT/GUARDIAN 2 INFORMATION:

Name: _____ Relationship to Student: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: () _____

Home Phone: () _____ Work Phone: () _____

PAYMENT INFORMATION:

Tuition Due: \$32

Cash

By Check

Check# _____

Please make checks payable to Just Dance.

By Credit Card

Card Type: AMEX DISC MC VISA

Cardholder Name: _____

Credit Card Number: _____

Exp: _____ Security Code: _____

Signature: _____



HEALTH HISTORY

STUDENT NAME: _____

EMERGENCY CONTACT:

In the event parents/guardians cannot be reached, please contact:

Name (other than parent/guardian): _____ Relation to Student: _____

Emergency Phone 1: () _____ Emergency Phone 2: () _____

DELAY/DISABILITY:

What is the nature of your child's delay/diagnosis?

- Autism Spectrum Disorder
- Down syndrome
- Other (please describe)

ALLERGIES: Please list all known allergies, including reaction and treatment. If allergy is severe, please provide Just Dance with an emergency action plan.

HEALTH CONDITIONS:

Please indicate any of the following conditions which have applied or currently apply to the student:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Behavioral/emotional issues | <input type="checkbox"/> Fainting/dizziness | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Gastrointestinal issues | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Other: _____ |

Please explain any item(s) checked above:

IEP/ILP: Please provide Just Dance with your child's IEP or ILP so we can comprehensively serve your child to the best of our ability. Our classroom dance instructor will use these to adapt and modify the classroom structure and lesson plans. (Optional)

Please list any additional medical information we should know:



QUESTIONNAIRE

STUDENT NAME: _____

COMMUNICATION NEEDS:

Your child can communicate with others using:

Speech: (please check all that apply)

- words
- phrases
- sentences

Sign Language/Gestures (please check all that apply)

- | | | | | |
|-----------------------------------|------------------------------------|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> good | <input type="checkbox"/> time | <input type="checkbox"/> finished/all done | <input type="checkbox"/> quiet | <input type="checkbox"/> fall |
| <input type="checkbox"/> stop | <input type="checkbox"/> thank you | <input type="checkbox"/> high | <input type="checkbox"/> spin | <input type="checkbox"/> scarf |
| <input type="checkbox"/> stand | <input type="checkbox"/> help | <input type="checkbox"/> low | <input type="checkbox"/> sway | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> sit | <input type="checkbox"/> book | <input type="checkbox"/> fast | <input type="checkbox"/> tip-toe | |
| <input type="checkbox"/> more | <input type="checkbox"/> dance | <input type="checkbox"/> slow | <input type="checkbox"/> sharp | |
| <input type="checkbox"/> bathroom | <input type="checkbox"/> rest | <input type="checkbox"/> loud | <input type="checkbox"/> soft | |

Check box indicating Sign Language Style: ASL Other _____

Your child can understand what others say:

- all of the time
- with time to process
- with repetition
- with visual prompting

Does your child like to:

- | | | |
|--|------------------------------|-----------------------------|
| Be touched: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Receive direct praise: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Play with bubbles: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have a reward for good behavior: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Play with tactile fidgets to help pay attention: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Receive stickers: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Your child is most comforted by: (please check all that apply)

- deep pressure
- oral motor tasks (i.e. blowing bubbles)
- tactile fidgets
- verbal prompting before transitions
- body movement
- other _____

LEARNING STYLE:

Your child benefits when learning from: (please check all that apply)

- visual gestures for directions
- visual schedule
- 1:1 support
- extra time for transitions
- body movement

Please provide any other learning styles you have found successful: _____

Does your child follow two-step directions? YES NO

BEHAVIOR MANAGEMENT:

What type of redirecting/behavior management techniques are currently being used at home? Provide phrases you use for different situations if applicable.

Has your child had previous dance or movement-based classes? YES NO

If yes, tell us about their experience with those dance/movement-based classes.

SOCIAL:

Does your child seek peer interactions? YES NO

Does your child benefit from modeling of social interactions? YES NO



WAIVER & RELEASE

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

LIABILITY RELEASE

As the enrolled participant and/or the parent/guardian of the participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Just Dance and hereby agrees to indemnify and hold harmless Just Dance, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of Just Dance.

The participant also agrees to indemnify Just Dance for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of Just Dance to have the participant treated in any medical emergency during their participation in activities of Just Dance. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any medical/health issues of which the staff should be aware are disclosed on the Health History Form. The parent/guardian will keep Just Dance informed of any changes in the participant's health.

PHOTOGRAPHY/VIDEOGRAPHY RELEASE

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Just Dance and/or its representative, agent or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the Studio Director.

INSTRUCTION ACKNOWLEDGEMENT

I understand that in teaching the art of ballet and other dance forms, it is entirely appropriate for a teacher to put their hands on a student to correct the student's posture, the physical line, position of the student's body or part of his/her body, or to help a student hold a position. Just Dance does not tolerate any teacher-student contact that is harmful or inappropriate. By participating in Just Dance activities and programs, parents acknowledge that Just Dance teachers / instructors may correct students with physical contact.

USE OF CONTACT INFORMATION

By completing this form, I grant Just Dance permission to use my personal information to contact me about upcoming events and promotions. Just Dance will not rent, sell, or share personal information with third-party companies or organizations unless permission is received.

I have carefully read the above releases and sign with full knowledge of their content and significance. I have read and agree to abide by all policies and procedures.

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

DATE