

# Kali's School of Dance



## 2025-26 Participant Information

DANCER NAME:

SCHOOL/ GRADE IN SCHOOL:

DANCER PHONE:

DANCER ADDRESS:

CLASSES ENROLLING IN:

PARENT NAME:

PARENT PHONE:

PARENT EMAIL:

EMERGENCY CONTACT:

NAME:

PHONE:

RELATIONSHIP TO DANCER:

PLEASE LIST ANY OTHER IMPORTANT INFORMATION I NEED TO BE AWARE OF BELOW: