



12360 SW 127th Ave Miami Fl
 305/259-6960 fax 305/259-6958

FOCAL POINT

Parent/Guardian #1 _____ #2 _____

Home Address: _____ Zip _____

Home Phone: _____ Cell: _____ WK _____

Parent Email: _____

Dancer's Name: _____ DOB _____ Email _____

Dancer's Name: _____ DOB _____ Email _____

Dancer's Name: _____ DOB _____ Email _____

Ins Provider _____ Policy # _____ Sub /Group # _____

Allergy(s)/ Medical Conditions _____

Emergency Contact (Other than parent) Name: _____ Relation _____

Contact # _____

I authorize the following adult to pick up if I am unable to:

Name _____ Relation: _____ Contact # _____

How did you hear about us? _____

 For office use only

Total Monthly Tuition _____

Recital _____

1 _____ Hr _____

4 _____ Hr _____

2 _____ Hr _____

5 _____ Hr _____

3 _____ Hr _____

6 _____ Hr _____