



PLEASE SELECT PROGRAM OF INTEREST (CHECK ALL THAT APPLY):

GIRL SCOUTS     MARTIAL ARTS     BALLET

DIGITAL PHOTOGRAPHY

ACTING     HIP-HOP DANCE

<b>APPLICANT INFORMATION</b>		
NAME:		
DATE OF BIRTH:	SSN:	PHONE:
CURRENT ADDRESS:		
CITY:	STATE:	ZIP:
AGE:	SCHOOL:	

<b>PARENT INFORMATION</b>		
PARENT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

<b>EMERGENCY CONTACT</b>		
NAME OF A RELATIVE NOT RESIDING WITH YOU:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	RELATIONSHIP:	

<b>EMERGENCY CONTACT</b>		
NAME OF A RELATIVE NOT RESIDING WITH YOU:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	RELATIONSHIP:	

<b>I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM.</b>	
PARENT SIGNATURE:	DATE: