

**ILLINOIS DANCE CONSERVATORY  
MEMBERSHIP CONTRACT**

**STUDENT INFORMATION (PLEASE PRINT)**

**DATE of REGISTRATION:** \_\_\_\_\_

\_\_\_\_\_ RETURNING STUDENT      \_\_\_\_\_ NEW STUDENT

|                |            |                |
|----------------|------------|----------------|
| LAST NAME      | FIRST NAME | MIDDLE INITIAL |
| STREET ADDRESS | CITY/STATE | ZIP CODE       |
| CURRENT AGE    | BIRTHDATE  | GRADE LEVEL    |

**PARENT INFORMATION (PLEASE PRINT)**

|                      |                   |                        |
|----------------------|-------------------|------------------------|
| PARENT/GUARDIAN NAME | CELL PHONE NUMBER | HOME/WORK PHONE NUMBER |
| PARENT/GUARDIAN NAME | CELL PHONE NUMBER | HOME/WORK PHONE NUMBER |

**IDC COMMUNICATES VIA EMAIL - PLEASE MAKE SURE YOUR EMAIL ADDRESS IS ACCURATE AND PRINTED CLEARLY.**

|            |                 |
|------------|-----------------|
| Main Email | Alternate Email |
|------------|-----------------|

**MEDICAL & ALLERGY INFORMATION**

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT MAY BE PERTINENT TO HIS/HER AFFILIATION AT IDC?

YES (PLEASE LIST) \_\_\_\_\_  
MEDICATIONS MY CHILD TAKES FOR ABOVE CONDITIONS: \_\_\_\_\_

NO MEDICAL CONDITIONS. PLEASE INITIAL HERE: \_\_\_\_\_

**PRIOR DANCE EXPERIENCE**

HAVE YOU STUDIED DANCE PREVIOUSLY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

IF YES, PLEASE LIST DANCE STYLES AND NUMBER OF YEARS: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT ILLINOIS DANCE CONSERVATORY?**

Post Card \_\_\_\_\_ Poster \_\_\_\_\_ FLYER/BROCHURE \_\_\_\_\_ WEBSITE \_\_\_\_\_ Google \_\_\_\_\_

WEB SEARCH \_\_\_\_\_ FACEBOOK \_\_\_\_\_ Instagram \_\_\_\_\_ FAMILY/FRIEND: \_\_\_\_\_

OTHER: \_\_\_\_\_

**FOR MAILING REGISTRATIONS ONLY**

|   |           |       |                      |      |
|---|-----------|-------|----------------------|------|
| Illinois Dance Conservatory - 1251 N Old Rand Road, Wauconda, IL 60084<br>Payment accepted by Visa, MasterCard, American Express, Discover, ZELLE or Check. |           |       |                      |      |
| Account Number  | Exp. Date | CVVS# | Authorized Signature | Date |

**\*4% surcharge will be added to all credit card transactions**

