

# St. Barbara Youth Greek Dance Program 2016-2017 Contact Form

*All information given will be kept private. All contact information will only be used for Greek Dance related issued and in emergency situations.*

Student Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Relation to Student:

Primary Contact Cell \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Relation to Student:

Secondary Contact Cell \_\_\_\_\_

Secondary Contact Email \_\_\_\_\_

Can/should I send you text messages to alert you of emergency cancelations?

Does your child have any special medical conditions, or allergies we should be aware of?

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