

**LOCO-MOTION DANCE THEATRE FOR CHILDREN**  
Registration Form 2024 - 2025

Name of Child:

Date of Birth:

Age:

Preferred Gender Pronouns:

Parent/s Name/s:

Home Address:

Phone Parents:

Phone Child:

Emergency Contact:

Family Doctor (name/phone):

Health Insurance Name:

Member Number:

E-mail Addresses for Parents AND Children:

Zoom Email Address:

School and Grade:

Which Loco-Motion classes will your child attend?

Please make us aware of any medical, behavioral or learning challenges that affect your child:

Does your child have any serious allergies?

Do they carry an EpiPen?

Total Due:

Payment:

Please email this completed form to [Susie@lmdt.org](mailto:Susie@lmdt.org)