Welcome to DanceAbility!

Dear Parents, We are happy that your child will be dancing in our classes!

Fall Program begins: Sept 7, 2017 (Thursday) and ends Dec. 8, 2017

Please mark (or circle) the corresponding class for your child:
- Younger dancers (4-6 years) 5:30 – 6:15 pm, Minges Coliseum, DML #100
- Older children (7 to 17 yrs) 6:30 to 7:15 pm, Minges Coliseum, DML, #100

All payments for classes - due the first Thursday of each month and will be paid through the following site: https://epay-banner.ecu.edu/C20694_ustores/web/store_main.jsp?STOREID=96&SINGLESTORE=true
- If financial assistance is needed, please contact: Boni Boswell, boswellb@ecu.edu

All information is confidential & only used to adapt classes to the needs of the dancers. Please complete the following:

Child’s Name: __________________________ Chronological age: ________________
Parents/Guardians Name/s: __________________ Child’s birthdate: ________________
E-mail: __________________________ Phones: cell: ________________ work/home: __________
Mailing address: __________________________
School: __________________________ Teacher: __________________________
Person/s authorized to pick up your child & their cell phone#: __________________________

• Primary disability: __________________________
  Secondary challenges? (sensory, visual/auditory?) __________________________

• Medical concerns (asthma, heart disorders, allergies...) __________________________
  Seizures: _______YES______ NO; If Yes, type of seizures: __________________________

• Medications influencing movement ability? __________________________

• Contraindicated (harmful) Movements? __________________________

• Language Skills:
  Does your child use gestures, sign language or communication board? ________________
  If yes, please describe: __________________________
  Best way to communicate with your child? __________________________

• PLEASE identify strengths and needs of your child:
  Strengths: __________________________
  Physical/Motor needs: __________________________

• Reinforcers:
  (Please include favorites such as their favorite music, photos, books, movies, or cartoons.) __________________________
• **Other Misc. info:**
  
  *Please share other information about your child that would help us provide meaningful & fun classes.*

  ____________________________________________

• **Emergency Contact** *(if different from phone numbers above):*

  • Name: ___________________________  Cell/home phone: ________

• **Parents/Guardians Signature:**_________________________  **Date:**________

  ![](https://via.placeholder.com/150)

  *Thank you for completing this form & returning it to Boni Boswell.*

  *You may email registration forms to [boswellb@ecu.edu](mailto:boswellb@ecu.edu) or bring a completed hard copy to class.*

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