



DCNY Level _____

2011-2012 Registration Form*

PLEASE print clearly

Student's Name _____ Age _____ DOB _____

Parent or Legal Guardian's Name _____

Home Address _____

PRIMARY E-Mail Address _____

Parent/Guardian Cell _____ Student Cell _____

Parent/Guardian Business _____ Home Phone _____

Babysitter's Name and Number _____

Emergency Contact & Phone _____

Best way to contact parents _____

(email, certain phone number, etc.)

Signature (of parent if student under 18)

*** Please include the \$50 Registration Fee**

VKDCNY

250 West 54th Street Suite 503 New York, NY 10019
p 212 245 0050 f 212 245 4614 www.vkdcny.com