Dayton Dance
CONSERVATORY

Questions/Comments/Concerns Form 2011-2012

*Student Name:*_____

*Parent/Guardian Name:*_____

*Phone Number:*_____ *Email:*_____

*Class:*_____ *Teacher:*_____

Question/Comment/Concern:

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I would like to be contacted by the Director of DDC. ☐ *Yes* ☐ *No*

I would like to be contacted by my child's dance instructor. ☐ *Yes* ☐ *No*

Preferred contact method: ☐ *Phone* ☐ *Email*

Best time of day to contact: ☐ *Morning* ☐ *Afternoon* ☐ *Evening*