



## Student Intake Form

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Prior to enrolling in Every Body's Circus Classes, this form and an intake meeting with one of our staff members needs be scheduled. This way we can find the classes that best suit your needs and are the most enjoyable for you. You may return this form via non - confidential email to [ebc@sancaseattle.org](mailto:ebc@sancaseattle.org), or stop by our office.

School of Acrobatics & New Circus Arts

674 S. Orcas St

Seattle, WA 98108

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### Student Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

### Date of birth

### Age

### Gender

\_\_\_\_\_

Month    Day    Year

### Parent / Guardian Name (if applicable)

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

### Phone Number

### E-mail

\_\_\_\_\_

Area    Phone Number  
Code

### Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State / Province

\_\_\_\_\_

Postal / Zip Code

**Which Every Body's Circus Program are you interested in? (check all that apply)**

Individual Therapy

Group Therapy

Individual Lessons

Group Classes with  
Inclusion

Camps

**Why are you interested in the Every Body's Circus Program?**

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**Is there any relevant information that could affect participation in a circus class (i.e.: medication, diagnoses, or medical conditions)? Please provide any information you are comfortable with.**

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**Scheduling Your Intake Meeting**

We have a limited number of meeting times each week. The intake meeting will take place at SANCA (School of Acrobatics & New Circus Arts) and will last between 45 minutes - 1 hour. Please select the times you are available below (check all that apply):

Mondays @ 5pm

Tuesdays@ 3pm

Fridays @ 12noon

Sundays @ 3pm

**Who referred you to SANCA?**

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**Anything else you'd like us to know?**

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**For Office Use Only**

Need to Schedule

Scheduled

Additional Follow Up

Imported into SSP

**Intake Date**

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year