

CENTER STAGE DANCE STUDIO  
**REGISTRATION FORM**

DANCER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
GRADE AS OF SEPT: \_\_\_\_\_ SCHOOL HOURS: \_\_\_\_\_  
PARENT 1 NAME: \_\_\_\_\_ PARENT 2 NAME: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
PHYSICAL LIMITATIONS: \_\_\_\_\_  
PREVIOUS DANCE TRAINING: \_\_\_\_\_

\*\*\*\*\*

**HOW DID YOU HEAR ABOUT CENTER STAGE DANCE STUDIO**

Website: \_\_\_\_\_ Yellow Page Ad: \_\_\_\_\_ Brochure: \_\_\_\_\_ Other: \_\_\_\_\_  
Referred By: \_\_\_\_\_

\*\*\*\*\*

**REGISTER ME FOR THE FOLLOWING CLASS (ES)**

<u>CLASS NAME</u>	<u>CLASS DAY AND TIME</u>
_____	_____
_____	_____
_____	_____
_____	_____

\*\*\*\*\*

CLASS REGISTRATION IS COMPLETE ONLY AFTER  
**1ST PAYMENT IS RECEIVED**

AMOUNT ENCLOSED: \$ \_\_\_\_\_ (1<sup>ST</sup> Tuition Payment **PLUS** Registration Fee)  
Please check one: \_\_\_\_\_ Credit Card (complete reverse side) \_\_\_\_\_ Check \_\_\_\_\_ Cash/Money Order

\*\*\*\*\*

I hereby release Center Stage Dance Studio from any and all liability and assume the risks of participating in the Center Stage Dance Studio program. By signing, I acknowledge my responsibility in paying tuition, registration and costume fees. I hereby give Center Stage Dance Studio permission to photograph and/or video my child(ren) and consent to the use of material for advertising, marketing and promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature Date

**PLEASE MAIL TO:**  
CENTER STAGE DANCE STUDIO  
838 High Ridge Road, Stamford, CT 06905

**OR**

**PLEASE FAX TO:**  
(203)846-8292  
www.centerstagedancestamford.com