



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: _____

(please note: Center Stage uses email as our primary means of communicating important studio info)

Physical Limitations: _____

Previous Dance Training: _____

How Did You Hear About Center Stage: _____

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

Check here if you would like to pay full year tuition and receive a 5% discount

Check here if you would like to pay in 3 trimester payments (due at Registration, November 1st and February 1st)

AMOUNT ENCLOSED: \$ _____ *(1st Tuition Payment **PLUS** Registration Fee)*

Please make checks payable to Center Stage Dance Studio

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