



PRE-REGISTRATION FORM

We invite you to pre-register for the new fall season now.

NO PAYMENT IS NEEDED AT THIS TIME

We are looking forward to dancing with you again in September!

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: _____

TYPE OF DANCE CLASS REQUESTED (check all that apply)

Creative Movement/Tap Combination (ages 3-6) _____ **Jazz/Tap Combination** (ages 7-10) _____

Jazz _____
(ages 11-18)

Tap _____
(ages 11-18)

Ballet _____
(ages 10-18)

Pointe _____
(ages 11-18)

Contemporary _____
(ages 10-18)

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