## Center Stage Dance Academy, LLC 2020-2021 Registration Form

Student Name:					
	First	Last			
Date of Birth (xx-xx-xxxx): _					
Address:					
City, & Zip:					
<i>J</i> , 1					
Child cell# (if applicable):					
, FF 333 W					
Mom's Name:		_ Mom cell#:			
Dad's Name:		_ Dad cell#:			
Email Address					
Emergency Contact: (Name)		(Phone #)			
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Allergies/Medical Condition	•				
Anergies, Medical Condition	···				
Years of Previous Dance Tro	ining	Years at Center Stage:			
rears of Frevious Duffee 110	g	rears at Genter Stage.			
Diagon shoot the classes you	. ana naciatanina far				
Please check the classes you	i are registering for	<b>:</b>			
BalletTap	Jazz	Acro JazzHip Hop			
Musical Theater Conditioning Duo/Trio					

## Multiple Child Family

Student Name:						
	Firs		Last			
Date of Birth (xx-xx-	xxxx):					
Child cell# (if applic	able):					
Allergies/Medical Co	ondition:					
Years of Previous Do	ınce Trainin	ıg:	Years at Cent	Years at Center Stage:		
Please check the cla	sses you are	registering for	:			
Ballet	Тар	Jazz	Acro Jazz	Hip Hop		
Musical Theater						
Student Name:						
Date of Birth (xx-xx-	Firs		Last			
Child cell# (if applice						
Allergies/Medical Co	ondition:					
Years of Previous Dance Training: Years at Center Stage:						
Please check the classes you are registering for:						
Ballet	Тар	Jazz	Acro Jazz	Нір Нор		
Musical Theater	Co	nditioning _	Duo/Trio			