

Center Stage Dance Academy, LLC

2020-2021 Registration Form

Student Name: _____

First
Last

Date of Birth (xx-xx-xxxx): _____

Address: _____

City, & Zip: _____

Child cell# (if applicable): _____

Mom's Name: _____ **Mom cell#:** _____

Dad's Name: _____ **Dad cell#:** _____

Email Address: _____

Emergency Contact: (Name) _____ (Phone #) _____

Allergies/Medical Condition: _____

Years of Previous Dance Training: _____ **Years at Center Stage: _____**

Please check the classes you are registering for:

 Ballet Tap Jazz Acro Jazz Hip Hop

 Musical Theater Conditioning Duo/Trio

Multiple Child Family

Student Name: _____
First Last

Date of Birth (xx-xx-xxxx): _____

Child cell# (if applicable): _____

Allergies/Medical Condition: _____

Years of Previous Dance Training: _____ Years at Center Stage: _____

Please check the classes you are registering for:

_____ Ballet _____ Tap _____ Jazz _____ Acro Jazz _____ Hip Hop

_____ Musical Theater _____ Conditioning _____ Duo/Trio

Student Name: _____
First Last

Date of Birth (xx-xx-xxxx): _____

Child cell# (if applicable): _____

Allergies/Medical Condition: _____

Years of Previous Dance Training: _____ Years at Center Stage: _____

Please check the classes you are registering for:

_____ Ballet _____ Tap _____ Jazz _____ Acro Jazz _____ Hip Hop

_____ Musical Theater _____ Conditioning _____ Duo/Trio