



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: _____

Referred By: _____

REGISTER ME FOR THE FOLLOWING CLASS(ES)

Class Name

Class Day And Time

REGISTRATION IS COMPLETE ONLY AFTER 1ST PAYMENT IS RECEIVED AND STUDIO WAIVER IS SIGNED

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

I hereby release Center Stage Dance Studio LLC from any and all liability and assume the risks of participating in the Center Stage Dance program. By signing, I acknowledge my responsibility in paying tuition, registration fees and costume charges. I further agree that I have read and agree to the Center Stage Dance Studio LLC Policies and Procedures, Tuition Schedule, Dress Code and COVID Protocols and Safety Guidelines, all of which are located on our website, www.centerstagedancestamford.com. By my signature below, I hereby give Center Stage Dance Studio LLC 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 LLC
838 High Ridge Road, Stamford, CT 06905

OR

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