

Center Stage Academy of Dance Registration Form

Name of Student	Last Name
Parents Name	Students' Birth Date
Home Phone #	Cell Phone #
Address	
City/State	Zip Code
Where you heard about us	
Emergency Contact Name (Friend or Family)	Emergency Contact Phone #
Date Registered	Registration Fee Paid/Auto Debit Set up
EMAIL Address (Required) This is how we send all our info out!!!!!!	Date Starting Lessons
Any Medical Conditions We Should Be Aware Of?	
Family Doctor	Doctors' Phone #
Preferred Hospital	
Notes:	



Mission:
To provide students of
All ages with the skills and
Self esteem they need to
Enjoy dance for a lifetime.

Center Stage Academy of Dance
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