

Center Stage Academy of Dance Registration Form

Name of Student	Last Name
Parents Name	Students' Birth Date
Home Phone #	Cell Phone #
Address	
City	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)	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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