

Center Stage Academy of Dance Registration Form

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|---|---|
| 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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Ft. Wayne, IN 46805
260-492-7516
www.csdancersrock.com