



# Registration Form

14 Oakwood Avenue West Hartford, CT 06119  
(860) 236-0308  
www.thedancecenterct.com

Today's Date: \_\_\_\_\_

Date Classes Start: \_\_\_\_\_

STUDENT NAME:

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

PARENT NAME:

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

Address:

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Cell Phone

Emergency Contact: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

(\*This is how we will communicate with you for class changes, etc.)

Student's Date of Birth: \_\_\_\_\_

What brought you in to see us today? (please circle)

Friend    Internet    Returning Student    Newspaper \_\_\_\_\_    Other \_\_\_\_\_

Class

Day

Time

Studio

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration Fee: \_\_\_\_\_

(non-refundable)

Monthly Tuition: \_\_\_\_\_

Due the first of the month

(Two month class minimum)

Insurance Waiver Signed:    yes    no

I have read and understand the policies and procedures (please initial) \_\_\_\_\_

I have agreed to have my credit card number kept on file (please initial) \_\_\_\_\_

We reserve the right to cancel or change any class due to low enrollment. We reserve the right to substitute any teacher for any class without notice. Please make The Dance Center aware of any medical conditions or injuries.