



Summer Registration form

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

Today's Date: _____

8-Week Classes : June 22– August 12

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: _____

Student's Date of Birth: _____

How did you hear about us? (please circle)

Friend Internet Returning Student Newspaper _____ Other _____

Class

Day

Time

Studio

Registration Fee: _____
(non-refundable)

Insurance Waiver Signed: yes no
I have read and understand the policies and
procedures (please initial) _____

Tuition Total: _____
(\$84 each class, \$15 drop in rate)

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.