



Miss Cindy's Dance Studio

Registration Form

Student Name _____ Birth Date _____

Address _____

Home Phone _____ Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Parent's names _____

Emergency name & phone # (if different from above) _____

E-mail address _____

School & Grade _____ Day care Y/N _____

Day care Name _____

Any physical disabilities _____

Please list any problem(s) you child has, including: eyeglasses, contacts, allergies, kidney problems, foot problems, back problems etc.

Doctor's name/address/phone # _____

Course(s) Desired: Pre-Dance III Combination Tap Ballet Jazz Pointe

Tap/Ballet Pointe/Ballet

The release and consent forms must be signed at the studio when you arrive for the first dance class.