



1393 Grafton Street Suite G  
Worcester, MA 01604  
508.793.9702

www.thedanceplaceinc.net

## REGISTRATION FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Parent's Daytime Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Parent's Cell Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Student's Cell (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Parent's Email \_\_\_\_\_ Student's Email \_\_\_\_\_

Please initial if you agree to share your email with classmates \_\_\_\_\_

Please indicate: [ If you require additional space, please use the back of the form ]

> **Public / Private School and Grade Student Attends**

\_\_\_\_\_

> **Please inform us of any food allergies or any other medical problems that you want the teacher to know about.**

\_\_\_\_\_

> **Previous Dance Training** [ For New Students Only ]

Where? \_\_\_\_\_ Years \_\_\_\_\_

Subjects: Ballet \_\_\_\_ Jazz \_\_\_\_ Tap \_\_\_\_ Other \_\_\_\_\_ Hours Per Week \_\_\_\_\_

[ Class Information below will be completed by the studio office at time of registration ]

**SUBJECT / LEVEL**

**DAY / TIME**

**CLASS HOURS**

**TOTAL CLASS HOURS:** \_\_\_\_\_ **FIRST TUTION PAYMENT DUE:** \_\_\_\_\_

I have read the general information sheet and agree to the studio policies

Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## RELEASE FORM

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If your child has any type of physical limitation that we should know about for example, problems with the back, knees, heart, diabetes, or asthma, please list them below so that we can provide your child with a safe and enjoyable dance program.

I, the undersigned parent/guardian, give permission for my son/daughter to participate in this dance program. I understand that by participating in dance there is a possibliity of injury to my son/daughter and I hereby release and hold harmless the faculty and staff of The C.P. Dance Place, Inc.

Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any physical limitations: \_\_\_\_\_

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