



CCA Dance Registration Form

Student's Name: _____

Age: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name: _____

Email Address: _____

Phone Number: _____

Previous Dance Experience? Yes _____ No _____

If so, where? _____

What classes were taken and how long?

What classes will your child be taking? _____

Are you interested in more information about any other classes that are offered? If so, which ones? _____

Are you interested in classes that are not currently offered? If so, which ones?

Does your child have any health conditions that I should be aware of? If so, what is the treatment/what can we do if a situation occurs?

Can we use your child's picture on the CCA website, in print, etc.? Yes ___ No ___

Additional Information/Notes: _____

Thank you so much for taking the time to fill out this form. This will allow me to communicate with you better about any new information, upcoming dates/events to be aware of, your child's progress, etc. Knowing your child's previous dance experience will allow me to work with them better as an individual in order to facilitate their learning in the best way possible. Thanks Again!