

**Children's Center For Dance Education
Student Registration Form**

Student Name: _____ **Home Phone()** _____

Age: _____ **Date of Birth** _____ **Male or Female:** _____

Student Address: Street: _____

City: _____ **State** _____ **Zip** _____

Billing Name and Address(if Different) _____

Mother's Name _____ **Father's Name** _____

Address (if different from above):

Street: _____ **Street:** _____

City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____

Home Phone() _____ **Home Phone()** _____

Work Phone() _____ **Work Phone()** _____

Cell Phone () _____ **Cell Phone ()** _____

Place of Employment _____ **Place of Employment** _____

E-mail Address _____ **E-mail Address** _____

Emergency contact (if different from above)

Name: _____ **Phone ()** _____

How You heard about us: Returning student _____ Performance _____ Another Student _____

Newspaper advertisement _____ Radio Advertisement _____ Phone Book _____

CONSENT FORM:

I, the undersigned, agree that I will not hold the Children's Center for Dance Education, Inc. (CCDE), its faculty, staff, volunteers, or designees liable for any illness contracted by me or my child(ren) or injury sustained by me or my child(ren) or by my property, including motor vehicles, or other forms of transport, while a student or performer in the CCDE, or by me or my child(ren) while being present at CCDE studios or performance locations or in the parking lots thereof, for reasons other than taking part as a student or performer, for example to observe classes, whether or not we are enrolled as students.

I understand that a **late payment fee** shall apply to all tuition not paid by the due date. **Initial** _____

Additionally, I agree to pay an enrollment fee of \$30.00 for the entire season. I also agree that I will notify CCDE, **in writing**, if my child(ren) discontinue classes. **Initial** _____

Signature _____ **Date** _____

Printed Name _____

Class (Circle) Preballet Ballet I Ballet II Ballet III Tap Modern Adult

Day _____ **Time** _____ **Location** _____

Day _____ **Time** _____ **Location** _____

Day _____ **Time** _____ **Location** _____

Date Of First Class _____

T-shirt, Included with registration fee, please indicate size:

Child size: 6-8 _____ 10-12 _____ 14-16 _____

Adult size: Small _____ Med _____ Large _____ XL _____

Enrollment Fee and 1st month tuition due with Registration

PB _____

Scholarship applications are available for tuition

T-shirt _____

Please Return to: CCDE, P. O. Box 5532, Evansville, IN 47716-5532