

Contemporary School of Dance Fall 20 -Spring 20

P.O. Box 53 Capron, VA 23829

757-647-8270

Registration Fee \$20.00/Family

Student Name _____ Nickname (if used) _____

Address: _____

Telephone (Home) _____ DOB: _____ Grade (Fall 2010) _____

Years of Dance:

Ballet: _____ Tap: _____ Jazz: _____ Modern: _____ Other: _____

Present Level (if applicable): _____

Family Data

Father: _____ Cell and/or Day Phone _____

Mother: _____ Cell and/or Day Phone _____

E-mail Address: _____

Medical Data

Child's Doctor: _____ Phone #: _____

Emergency Contact: _____ Phone # _____

Address: _____ Relationship: _____

Does the student have any medical condition that Contemporary School of Dance needs to be aware of? _____ If yes, please describe: _____

This information was submitted by _____

On this date: _____ . Relationship to applicant: _____

Registration Fee \$20.00 per family for fall/winter/spring season

Classes for this season begin the first Tuesday after Labor Day and end after the annual recital in May.

Print, fill out and mail this form to the P.O. Box listed above for the fall/winter/spring season and/or summer camps.