

Christian Dance Company 2020-2021 Registration

Please fill out one form per dancer; please print and write legibly. Thank you!

Please include full address including city and zip code!

Name of Dancer _____ Age and Birthdate of Dancer _____ Dance Group _____

Grade in School _____ If you are a returning CDC student, how many years have you completed with us? _____

If not, what is your child's former dance experience and studio, if applicable? Please include time frame(s). _____

Please list any medical conditions, developmental delays, or allergies that the CDC staff should be aware of: _____

If your dancer is in middle school or high school, please list any extra-curriculars that your child is a part of. If they have concerts or other school functions which are graded, please notify me immediately. Keep in mind that the attendance policy applies to everyone. Thank you!

Name of Parents/Legal Guardians: _____

Mother's Cell Phone: _____ Mother's address, city, and zip code: _____

Father's Cell Phone: _____ Father's address, city, and zip code: _____

Text Message notifications should be sent to: 1) Name _____ Number _____

Please give dancer's phone #, if applicable and in 5th Group or up. 2) Name _____ Number _____

FLIP TO OTHER SIDE, PLEASE

