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 Birthd	late 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 da	ance experience and studio, if applicat	ole? Please include time	frame(s)
Please list any medical conditions. d	evelopmental delays, or allergies that	the CDC staff should be	e aware of:
			/ all all o on
-	r high school, please list any extra-curr notify me immediately. Keep in mind t	-	is a part of. If they have concerts or other school cy applies to everyone. Thank you!
Name of Parents/Legal Guardians:_			
Mother's Cell Phone:	Mother's address, city	y, and zip code:	
Father's Cell Phone:	Father's address, city	, and zip code:	
Text Message notifications should b	e sent to: 1)Name	Numt	oer
Please give dancer's phone #, if applicable	e and in 5th Group or up. 2)Name	N	umber

FLIP TO OTHER SIDE, PLEASE

PLEASE NOTE: We need an email address so that we can send newsletters, communicate any dance class closings, and other important updates.

People who are allowed to pick up my child from dance (other than father and mother):

1. Name:	Phone Number:

2. Name: Phone Number:

Please circle the group that applies. Thank you!

1. Dancer will participate in this group:	First(Monday)	First(Tuesday)	Second(Monday)	Second(Tuesday)	Third
	Fourth	Fifth	Sixth	Pep Elite	

2. Dancer's total tuition cost: (Please refer to Parent/Dancer Handbook for tuition fees.) \$							
3. Please circle the appropriate choice if your child is eligible for a discount.	e appropriate choice if your child is eligible for a discount. 2+ dancers in family		C student				
4. My dancer has a discount for classes, but I would like to donate it to the scholarship fund. N/A			NO				

5. Payments; please list if you will making 1 payment in full or 2 equal payments:

(If you decide to make two equal payments, the first tuition payment is due by October 31; second payment is due February 6.

6. A \$50.00 costume down payment is due at the time of registration and will be subtracted from the costume cost in early spring.

Waiver

My daughter/son has my permission to participate in CDC's dance season 2020-2021. I certify that my child is healthy and can participate without restriction. In the event of illness or injury, I give my consent and permission to the attending physician to secure proper medical treatment. I understand that in a physical activity such as dance there are chances for injury. I will not hold the Christian Dance Company instructors, staff, or volunteers responsible for any injuries my family, my children, or I may receive while attending any CDC events. I understand that my child's picture will be used for Christian Dance Company purposes throughout the year. I hereby agree to the payment terms listed in the handbook (and above) and will pay at the assigned times.

Signature of Parent or Legal Guardian