



Registration Form

Please use one form per student

Date of Registration: _____ How did you hear about us? _____

Dancer's Name: _____ Date of Birth: _____

Address: _____ City: _____ ZIP: _____

Cellphone: _____ Home/Other Phone: _____

Email Address: _____

If Dancer is a student, current Grade & School attending: _____

Does Dancer have any health conditions that we should know about or that may affect class participation? Y N

Please describe, including how staff can assist: _____

Please check this box if your dancer is not fully vaccinated. This will not affect their ability to dance at CCB.

Does Dancer have any social, emotional, or behavioral concerns that we should know about or that may affect class participation? Y N

Please describe, including how staff can assist: _____

*If a behavior plan is currently being implemented, please consider sharing it with us so that we may also impement it.

Parent/Guardian's Name: _____ Relationship: _____

Best way to contact Parent/Guardian? (circle one) Email Cellphone Home Phone Other: _____

Emergency Contact (Other than Parent/Guardian listed above):

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Dancer's Previous Dance Training: _____

Current Class Name	Day of the Week	Time	Class Total Hours

Paid: Amount: _____ Cash: _____ Check#: _____ Other: _____ TOTAL: _____

REG Fee or DEPOSIT: _____

TOTAL DUE: _____

I acknowledge receipt of the following documents: (1) CCB Student Handbook which includes Refund Policy, Missed/Makeup Class Policy, Tuition Payment & Late Fee Agreement and (2) The Media Release and Liability Waiver.

X _____

Signature of Student or Parent (for Dancer under 18)

Date Signed