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REGISTRATION FORM

Date: _____

Registration Fee: \$35.00/student. Registration is not complete or guaranteed without a signed policy acknowledgement form and credit card on file form attached.

Family Name: _____

Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

1st Student's Name: _____

D.O.B: _____ Age: _____ Grade: _____

Student Email: _____

Medical Info: _____

Class Day and Time _____	Costuming Information _____
Additional classes _____	charged November 1st _____
Additional classes _____	_____
Total Hours _____	_____

2nd Student's Name: _____

D.O.B: _____ Age: _____ Grade: _____

Student Email: _____

Medical Info: _____

Class Day and Time _____	Costuming Information _____
Additional classes _____	charged November 1st _____
Additional classes _____	_____
Total Hours _____	_____

Amount Paid: _____

Check #: _____ **Cash:** _____ **Credit Card:** _____

*Make all checks payable to Center Stage Dance Academy

****CSDA lobbies remained CLOSED