



**Registration Form 2016-17**  
**2810 Poplar Tent Road, Suite 100, Concord, NC 28027**

Parent (Contact) Last Name \_\_\_\_\_ Parent (Contact) First Name \_\_\_\_\_

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_ Gender  M  F

Phone 1 (Main)\* \_\_\_\_\_ Phone 2 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-MAIL \* \_\_\_\_\_

Disabilities/Allergies/ Dance Limitations \_\_\_\_\_ \*Required to enroll and receive updates  
 Previous Dance Experience \_\_\_\_\_

How did you hear about us? Newspaper, Internet, Referral? \_\_\_\_\_ Grade 2016-17 \_\_\_\_\_ School \_\_\_\_\_

Indicate Classes for Enrollment for this student: \_\_\_\_\_ New students check here!

Discipline	Day/Time	Discipline	Day/Time	Discipline	Day/Time	Discipline	Day/Time
Wiggle		Ballet		Combo		Modern	
Pre-Dance		Pre-Pointe		Hippity Hop		Sacred	
Pre-Ballet		Pointe		Hip Hop		Solo**	
Tap		Jazz					

\*\* Class of 2017 only

<b>2<sup>nd</sup> Student in Same Family:</b>							
Name of Student _____		Student Date of Birth _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F			
Disabilities/Allergies/ Dance Limitations _____		Grade 2015-16 _____		School _____			
Previous Dance Experience _____							

Indicate Classes for Enrollment for this student: \_\_\_\_\_ New students check here!

Discipline	Day/Time	Discipline	Day/Time	Discipline	Day/Time	Discipline	Day/Time
Wiggle		Ballet		Combo		Modern	
Pre-Dance		Pre-Pointe		Hippity Hop		Sacred	
Pre-Ballet		Pointe		Hip Hop		Solo**	
Tap		Jazz					

Registration Fee \$30 per Student \_\_\_\_\_ Monthly Tuition Rate \_\_\_\_\_ (9 Payments) Semester Rate \_\_\_\_\_ (2 payments)

I understand that Cabarrus Dance Academy does not carry medical insurance for students. The studio will not be held responsible for injuries, accidents or lost articles. Monthly tuition payments are due in advance on the first day of each month and will be considered late after ten days. A \$10 late fee will be added to any payment made after the tenth of the month. A 30 day notice of withdrawal is required to stop payments due.

I grant Cabarrus Dance Academy, it's employees and representatives the right to take photos/videos of my child in connection with activities at the Academy, and give authorization to use and publish in print such photos ,with or without name, for any lawful purpose including publicity, advertising, and social media.

Signature of Responsible Adult: \_\_\_\_\_ Date \_\_\_\_\_