

Center for Dance Education  
 75 Bartell Place  
 Clark, NJ  
 732-388-6088

**Registration Form**

Registration Date:

Account No.

**Billing Name**

Address

City  State  Zip/Postal

Hm Phone  Private

E-Mail

Parent 1  Hm. Phone

Cell  Wk. Phone

E-Mail

Parent 2  Hm. Phone

Cell  Wk. Phone

E-Mail

Emergency Contacts  Phone

Phone

Phone

Phone

**Student Name**

Address

City  State  Zip/Postal

E-Mail

Birthdate  Sex  School  Grade

Medical Info:

Dr. Name  Phone

Classes	Name	Level	Room	Day	Time	Tuition
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Fee:

Total Tuition:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_