

# chesterfielddance center

## REGISTRATION FORM

### RETURNING STUDENT

### STUDENT INFORMATION

For Office Use Only

Enrollment Date: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Paid: \_\_\_\_\_

Student Name:	Date of Birth:
Current Address:	
Phone Numbers: Home:	Cell: Other:
Parent Email Address:	
Student Email Address:	
Starting Year at CDC:	
Allergies/Medications:	

### CLASSES

FALL	SUMMER
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

### TERMS

I, \_\_\_\_\_, understand that my signed waiver, promotional ads, rules, tuition terms and conditions, and add/drop policies are on file from my previous registration form and are valid for the current dance season. I will notify the office immediately if any information changes (i.e. billing address, phone number, etc.) on my account.

I, \_\_\_\_\_ have read and understand all information that is covered in the Chesterfield Dance Center Student Handbook. I also have gone over all information with my child or children that are students at CDC for the current season.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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