

Cantarella School of Dance –Registration Form

Students Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Student Cell Phone _____

Mother _____ Day time Phone _____

Father _____ Daytime Phone _____

Email _____

Medical Conditions/Allergies _____

Previous Dance Instruction _____ How Long? _____

How did you hear about us? _____

Day	Class	Time	Fee
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Day	Class	Time	Fee
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Day	Class	Time	Fee
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Day	Class	Time	Fee
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Day	Class	Time	Fee
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Day	Class	Time	Fee
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Day	Class	Time	Fee
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Tuition Amount Total _____

\$20 Annual Registration Fee _____

Total Payment Due _____

Payment Plan _____

Registration fee, tuition and form should be mailed to:

Cantarella School of Dance, 116 Fenn Street, Pittsfield, MA 01201

Cantarella School of Dance or its employees are not responsible for personal injuries, damaged or lost personal property.

I give the CSOD permission to use dance photos of my child for advertising purposes including newspapers, the school's web and facebook pages and emails. I also understand the school's policies as outlined and that I am responsible for tuition payments as described in the brochure. Classes are dependent upon sufficient registration.

Signature of Parent / Guardian _____ Date _____

For Office Use Only
Tuition Total Due _____
Payment Date(s) _____

