

*Cantarella School of Dance fall registration form*

Please circle one: I am a New Student      I am a Returning Student

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Daytime phone \_\_\_\_\_

Father \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Previous Dance Instruction \_\_\_\_\_ How Long \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Day \_\_\_\_\_ Class \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Day \_\_\_\_\_ Class \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Day \_\_\_\_\_ Class \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Day \_\_\_\_\_ Class \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Day \_\_\_\_\_ Class \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Day \_\_\_\_\_ Class \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Day \_\_\_\_\_ Class \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

**Registration fee, Tuition and form should be mailed to: Cantarella School of Dance 116 Fenn St. Pittsfield MA, 01201**  
Visit [Cantarellaschoolofdance.org](http://Cantarellaschoolofdance.org) for additional forms, and info.

**Payment Plan:** \_\_\_\_\_

**Tuition Due:** \_\_\_\_\_

**Annual Reg Fee: \$25.00** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

The Cantarella School of Dance or its employees are not responsible for personal injuries, damaged or lost personal property. I give CSOD permission to use dance photos of my child for advertising purposes including newspapers, the school's website, 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. If I choose not to continue through the year, I must notify the school or else I will be responsible for the years tuition. Classes are dependent upon sufficient registration.

Signature of parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_