

Credo Dance Academy

EXCELLENCE IN TRAINING / EXCELLENCE IN CHARACTER / EXCELLENCE IN SPIRIT

REGISTRATION

Student Name:

(Last) (First) (Middle)

Date of Birth: ____/____/____ Age: ____ Sex: ____

Home phone: (____) _____ - _____

School: -----

Academic grade: -----

Mailing Address: -----

(P.O. Box or Street Address)

(City, State, Zip Code)

Email address: -----

(REQUIRED — Email is the primary form of communication from CDA to the student/guardian)

Guardian(s) Names Emergency Contact Information (during classes)

Parent: ----- Cell: -----

Parent: ----- Cell: -----

Other: ----- Cell: -----

Relationship: -----