



Caitlin Clark's Centre of Dance

Fall 2017 Registration Form

Student Name _____ Age _____ D.O.B. _____

Street Address _____

City _____ Zip _____ Home Phone _____

Mother's Name _____ Work/Cell # _____

Father's Name _____ Work/Cell # _____

Email _____ (Please include your email address so we can send you our monthly newsletter, event mailings, snow cancellation notices, etc. We will not share your email information with anyone.)

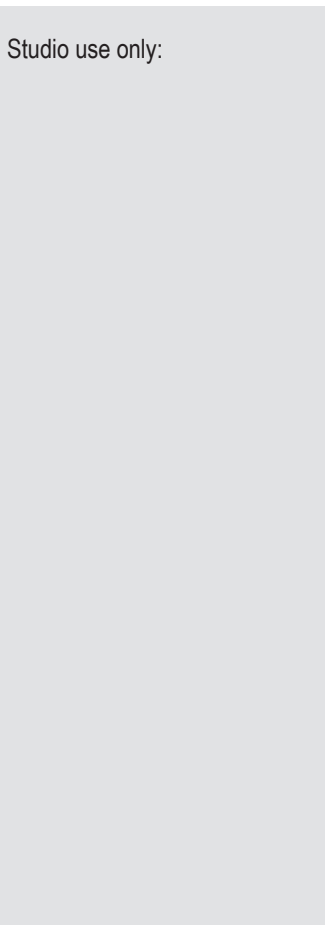
Emergency Contact Name _____ Phone _____

Student's Previous Training _____ # of years _____

Anything else we should know about your child (medical conditions, special needs, etc.)?

Requested Classes _____

Studio use only:



**Please read carefully and complete all information
on the back of this sheet.**

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Syracuse, NY 13219
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web: cccentreofdance.com