



Student Registration Form

Please print and complete the following form in its entirety. Submit it to the mailing address of the Cultural Dance Troupe listed below with a \$20.00 Non-Refundable Registration Fee for each child being registered.

Date: / /

Student's Name:

Date of Birth: Age:

Address:

City/State/Zip: / /

Home Phone: Work: Cell:

Email Address:

Years of Dance/Music/Voice Training:

Name of School: Principal:

Address of School:

Grade: Other Extra Curricular Activities:

What other specific information should we know? (Example: Allergies, Attention Difficulties, etc.)

Mothers Name:

Fathers Name:

Emergency Contact Name: Phone:

I have read, understand and agree to the policies and procedures of the Cultural Dance Troupe of the West Indies, Inc. I will allow all pictures and film taken of my minor child or self to be used for publicity purposes for the Cultural Dance Troupe of the West Indies, Inc., I hereby indemnify and hold harmless the Cultural Dance Troupe against any and all claims of damages arising out of the taking and use of pictures and videos of my minor child and/or self.

Signature of Parent:

Official Use Only Class:



Mailing Address:
P.O. Box 4046
Hartford, CT 06147-4046

Studio Address:
2998 Main Street
Hartford, CT 06120

Phone: (860) 249-8915
Fax: (860) 524-5611
E-mail: Cdancetroupe@aol.com