

**Complete form, submit registration fee and return to:  
CDP, 7353 Highland Rd Suite B-1B, Baton Rouge, LA 70808**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # \_\_\_\_\_

Second # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of birth \_\_\_\_\_ age \_\_\_\_\_

Dance Level \_\_\_\_\_

Dance Day/s \_\_\_\_\_ Dance Time \_\_\_\_\_

Select Dance    yes            no            Clinics    yes            no    (Applies to Inter and Adv only)

Academic School \_\_\_\_\_

Grade \_\_\_\_\_

Request for Duet \_\_\_\_\_ Trio \_\_\_\_\_

Are you interested in the Holiday Nutcracker Performances? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Interested in a Solo? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Allergies or Injuries \_\_\_\_\_

I \_\_\_\_\_ agree and understand the CDP booklet application about all policies regarding the dance school. I understand there are no refunds for any reasons. I understand pages 1 through 18 on information, terms, properties, unaffiliated products and sites.

Parent Signature \_\_\_\_\_