



Deborah's Dance Workshop – Student Registration Form 2026-2027

www.deborahsdanceworkshop.com

All Registrations and Fee of \$30.00 are due by July 15, 2026 or \$40.00 after July 15, 2026 by Mail.

Please send completed Registration Form, Fee and **Signed Commitment Checklist** to:

Deborah A. Casey, Owner/Director

789 Winsted Road Torrington, CT 06790

Telephone: (860)489-8776 Email: ddwdancers@att.net

OPEN HOUSE: Saturday, August 15, 2026 from 10:00am-1:00pm at the Studio.

→ It is important that you attend Open House to receive your child's dance schedule for 2026-2027 and place all shoe and dance accessory orders at wholesale prices.

STUDENT INFORMATION (Please Print Clearly)

Date: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: M/F Grade: _____ School Attending: _____

Returning Student? _____ Number of Years (as of June 2027): _____

Child is Living With: Both Parents _____ Mother _____ Father _____ Other _____

Mother's Name: _____ Phone: _____ E-mail: _____

Mother's Address: _____

Street City State Zip

Father's Name: _____ Phone: _____ E-mail: _____

Father's Address: _____

Street City State Zip

MEDICAL INFORMATION: (Please Print)

Doctor's Name: _____ Phone Number: _____

List any Allergies, Medications, Restrictions, Injuries, Etc.: _____

* An annual physical is required for each student. Please enter date of last physical exam: _____

EMERGENCY INFORMATION: (Parents Will Be Contacted First)

Name #1: _____ Relation: _____

Address: _____

Street City State Zip

Phone: _____

Name #2: _____ Relation: _____

Address: _____

Street City State Zip

Phone: _____

CLASS SELECTIONS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Lyrical | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Acrobatics | <input type="checkbox"/> Musical Theater | <input type="checkbox"/> Tap |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Pointe |
| <input type="checkbox"/> Creative Mov't: Ballet/Acro | <input type="checkbox"/> Creative Mov't: Ballet/Tap | <input type="checkbox"/> Add'l Requests: |

***REFERRED BY** (New students only): _____

FOR OFFICE USE ONLY:

*****PLEASE COMPLETE BOTH SIDES OF THIS FORM*****



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2026-2027 Student Commitment Checklists
(Must be Completed and Signed)

Please check off each () after you have read, completed each bulleted item!

- () I have completed the Student Registration Form and attached the registration fee to it.

Tuition payment options are as follows:

Please **SELECT ONE** of the four options:

- () 1 installment due Sept 1st (5% discount if paying in full)
 - () 2 installments due Sept 1st and Feb 1st
 - () 4 installments due Sept. 1st, Nov 1st, Feb 1st and April 1st
 - () 9 installments due the first of the month beginning in September, ending in May.
- () **Payments received after the 15th of each month will incur a \$20.00 late fee.**
 - () I understand that I will receive a monthly email regarding tuition and/or balances.
It is your responsibility to be sure your correct email is on file for important messages.

I understand these options and have selected the one best suited for me. I understand that failure to keep tuition current will result in (me/my child(ren) being unable to continue with class.

- () Regular attendance at all classes is **REQUIRED AND NECESSARY** to work as a Team. Everyone involved with the class is depended upon. **Numerous unexcused absences will result in dismissal. Please phone/email the studio when your child will be absent.**
- () All students enrolled in class are **REQUIRED** to be in the Recital and purchase a costume for each dance they are in.
- () The studio or its Instructors shall **NOT** be liable or responsible for any injuries incurred at the studio, on its property or at any of the studio's performances, competitions or workshops.
- () **I have read the stated rules and guidelines listed above as well as those stated in the FACT SHEET I received and I understand them. I have also reviewed and discussed them with my child/children.**

**** INTERNET WAIVER ****

- () I allow my son/daughter's picture to appear on the studio's website, social media or in studio advertisements.

PLEASE SHARE YOUR SOCIAL MEDIA USERNAMES (If Applicable)

Facebook _____ Instagram _____

For Competition Students Only

- () I have read the competition introduction letter, rules and expectations. I know that it is an honor and a privilege to be a part of the Deborah's Dance Workshop Competition Team. As a member of the Team, (and a parent of a Competition student), I will abide by these expectations and rules throughout the dance season.

Signature: _____ / _____ Date: _____
 (Both Parents) (Guardian/Student)