



CM Dance School
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Academy Registration Form

Student Information

Name of Student: _____

Date of Birth ____/____/____ Gender: _____ Age: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone (_____) _____

Academic School: _____

Parent/Guardian One

Name of Parent/Guardian: _____

Home Address (if different from student): _____

City: _____ State: _____ Zip: _____

Home Phone (if different from student) (_____) _____

Employer: _____ Work/Secondary Phone (_____) _____

Email _____

Parent/Guardian Two

Name of Parent/Guardian _____

Home Address (if different from student) _____

City: _____ State: _____ Zip: _____

Home Phone (if different from student) (_____) _____

Employer: _____ Work/Secondary Phone (_____) _____

Email: _____

Billing Information (if different from above)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Check # _____

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