



# New Student Registration • 2023-2024

centerstagepaa.com • 225-644-4242 • P.O. Box 445, Duplessis, LA 70728  
REGISTRATION FEE: \$70 INDIVIDUAL \$85 FAMILY

Items with an \* are required for registration.

\*Student Name: \_\_\_\_\_ \*Gender: M or F \*Age: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City, State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Student Cell: \_\_\_\_\_ School Grade Entering: \_\_\_\_\_

\*Allergies/ Disabilities: \_\_\_\_\_ \*T-Shirt Size: CXS CS CM CL AS AM AL AXL (Please circle)

\*Contact #1 Name: \_\_\_\_\_ \*Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

\*Contact #2 Name: \_\_\_\_\_ \*Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ \*Number: \_\_\_\_\_ \*Relationship: \_\_\_\_\_  
(Someone other than Contacts 1&2)

How did you hear about us? \_\_\_\_\_ Referral Name: \_\_\_\_\_

\*Experience: Please list years of experience and where you had training. Do not include this year.

	#Years	Where	#Years	Instructor
Dance	_____	_____	Voice	_____
Musical Theatre	_____	_____	Piano	_____
Acting	_____	_____	Guitar	_____

I am interested in auditioning for the: \_\_\_\_\_ Center Stage STARS Company \_\_\_\_\_ STARS Musical Theatre Company

\*Please check the classes you are interested in enrolling

✓	Showcase Classes	✓	Non Showcase Classes
_____	Dance Combo (tap/ballet) 3-6	_____	Flexibility/Technique 7-up
_____	Baby Ballet 2-3 45min	_____	Private Voice Lessons 7-up
_____	Musical Theatre 4-16	_____	Private Piano Lessons 7-up
_____	Dance Combo (tap/jazz) 7-11	_____	Private Guitar Lessons 7-up
_____	Hip Hop 5-16	_____	
_____	Dance Combo 1.5 hrs (tap/jazz) 10-14	_____	
_____	Lyrical/Contemporary 7-up	_____	
_____	Classical Ballet 6-up	_____	
_____		_____	Acting 6-16

## Class(es) Enrolled: (FOR OFFICE USE ONLY)

Class	Day	Time	Class	Day	Time

### Release from Liability & Authorization

- ★ The student named above is in good health and can participate in the chosen/enrolled classes.
- ★ Payment is due by the 1<sup>st</sup> of each month, a \$15.00 late fee will apply per month account is past due. NSF fees for returned checks are \$25.00.
- ★ I understand that all applied fees and payments are **non-refundable**.
- ★ Drop notification must be submitted by the 1<sup>st</sup> of the month, after the 1<sup>st</sup>, all monthly fees apply.
- ★ Center Stage Performing Arts Academy is released from any liability for any accident or injury occurring on or around the Academy's premises or any other locations of the Academy's functions.
- ★ Center Stage Performing Arts Academy may obtain medical services in the event of an emergency.
- ★ Center Stage Performing Arts Academy may use my child's photo on social media.
- ★ I have received Center Stage's 2023-24 Registration Packet.
- ★ I fully understand and agree to the above terms and accept responsibility for all fees and payments.

\*Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT INFORMATION: CC# \_\_\_\_\_ EXP: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### For Office Use Only:

Payment Information Type \_\_\_\_\_ Num \_\_\_\_\_ Amt \_\_\_\_\_ Date \_\_\_\_\_