



PARENT / GUARDIAN ENROLLMENT REGISTRATION FORM

2026–2027 DANCE SEASON | AGES 3–18

Registration Date:	Enrollment Start Date:	Student ID (Office Use):
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1. STUDENT INFORMATION

Student's Legal Name (First, Middle, Last)	Preferred Name / Nickname
Date of Birth (MM/DD/YYYY)	Age / Grade for 2026–2027
School Name	Student Email (if applicable)

Home Address: _____

City / State / ZIP Code	Pronouns (optional)
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2. PARENT / GUARDIAN INFORMATION

Parent / Guardian 1 – Full Name	Relationship to Student
Primary Phone Number	Email Address
Parent / Guardian 2 – Full Name	Relationship to Student
Secondary Phone Number	Email Address

Preferred Communication: ☐ Text ☐ Email ☐ Phone Call ☐ Either

Student resides with: ☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐ Both ☐ Other: _____



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EMERGENCY CONTACT & PROGRAM SELECTION

3. EMERGENCY CONTACT

Please list someone other than the parent/guardian above whenever possible.

Emergency Contact – Full Name	Relationship to Student
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Primary Phone Number	Alternate Phone Number
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Authorized to pick up student? ☐ Yes ☐ No

4. ENROLLMENT PROGRAM SELECTION

Check all programs or levels you are interested in. Final placement may be determined by Stage Studios faculty.

☐ Stage Minnies – Ages 3–5 Recreational	☐ Stage Recreational Program
☐ Stage 1 – Beginner	☐ Stage 2 – Intermediate
☐ Stage 3 – Open Level	☐ Stage 4 – Pre-Professional
☐ Performance Company / Audition Track	☐ Private Training
☐ Workshops / Masterclasses	☐ Other: _____

5. CLASSES & STYLES OF INTEREST

☐ Ballet	☐ Jazz	☐ Hip Hop
☐ Tap	☐ Modern	☐ Contemporary
☐ Lyrical	☐ Conditioning / Stretch	☐ Creative Movement
☐ Musical Theater	☐ Performance Training	☐ Other: _____

6. DANCE & PERFORMANCE EXPERIENCE

Has your child taken dance classes before? ☐ Yes ☐ No If yes, number of years: _____

Previous studio(s) or training program(s): _____

Primary dance styles studied: _____

Performance, competition, or professional experience: _____

Current strengths: _____

Skills or areas your child would like to improve: _____

What goals do you and your child have for this dance season? _____

7. SCHEDULING & PICKUP

Days generally available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Names of adults authorized for pickup: _____



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HEALTH, SAFETY & SUPPORT INFORMATION

8. MEDICAL INFORMATION

This information helps our staff support your child. It does not replace medical care or medical insurance.

Primary Physician / Pediatrician: _____

Physician Phone Number	Health Insurance Provider (optional)
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Does the student have allergies? ☐ No ☐ Yes — please explain: _____

Does the student take medication that staff should know about? ☐ No ☐ Yes — please explain: _____

Does the student have an injury, medical condition, disability, learning need, or physical limitation? ☐ No ☐ Yes

If yes, please describe any accommodations, restrictions, triggers, or support instructions:

May Stage Studios staff provide basic first aid? ☐ Yes ☐ No

In an emergency, may Stage Studios contact 911 and authorize emergency evaluation if a parent cannot be reached? ☐

Yes ☐ No

9. STUDENT SUPPORT & ACCESSIBILITY

Please share anything that will help our teachers create a safe, positive, and successful learning experience for your child (communication preferences, sensory needs, behavioral support, learning style, etc.):

10. PHOTO, VIDEO & COMMUNICATION PREFERENCES

Please check one option for each item. A separate detailed media release may be required for productions, filming days, or promotional campaigns.

Class and rehearsal photography/video for internal training	☐ Yes ☐ No
Stage Studios social media and website	☐ Yes ☐ No
Printed marketing and promotional materials	☐ Yes ☐ No
Email/text program updates and reminders	☐ Yes ☐ No



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POLICIES, PAYMENT ACKNOWLEDGMENT & SIGNATURES

11. ENROLLMENT & PAYMENT ACKNOWLEDGMENT

- ☐ I understand that enrollment is not secured until the required registration fee, first month's tuition, and costume deposit (when applicable) are paid.
- ☐ I understand that tuition, registration, costume, workshop, production, and other program fees may be separate and will be communicated by Stage Studios.
- ☐ I agree to keep all parent/guardian, medical, emergency, and pickup information current.
- ☐ I understand that regular attendance, punctuality, proper attire, and respectful conduct are expected.
- ☐ I understand that Stage Studios may place a student in the level best suited to the student's safety, training needs, and development.
- ☐ I understand that separate policies, waivers, releases, payment terms, and program agreements may apply and must be completed before participation.

12. PARENT / GUARDIAN CERTIFICATION

I certify that the information provided on this form is accurate and complete. I confirm that I am the student's parent or legal guardian, or that I have legal authority to complete this enrollment. I understand that submitting this form does not replace any required Stage Studios agreement, waiver, medical release, media release, or payment obligation.

Parent / Guardian Printed Name: _____

Parent / Guardian Signature	Date
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Student Signature (if age 12 or older)	Date
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13. HOW DID YOU HEAR ABOUT STAGE STUDIOS?

- ☐ Instagram ☐ Facebook ☐ Google ☐ Friend/Family ☐ School/Community Event ☐ Open House ☐ Other: _____

OFFICE USE ONLY

Enrollment Fee Paid	First Month Paid	Costume Deposit Paid
Program / Level	Classes Assigned	Faculty Approval
Payment Method	Receipt / Invoice #	Notes