

*The Roxbury Center for the Performing Arts  
Summer Dance Intensive 2020*

Registration Form

Student Information

RCPA Student  Non-RCPA  | Day Intensive 9 AM - 5 PM  Pre-Professional Intensive 6 PM – 10 PM

Name:

\_\_\_\_\_  
First Middle Initial Last

Address:

\_\_\_\_\_  
Street (Apt.#) City/State Zip Code

Home Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Female  Male

Dance Experience:

Does your child have prior dance training? Yes  No

If yes, where and for how long? \_\_\_\_\_

If yes, what style(s) have you learned? \_\_\_\_\_

Parent/Guardian Information:

Name:

\_\_\_\_\_  
First Middle Initial Last

Address:

\_\_\_\_\_  
Street (Apt.#) City/State Zip Code

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_



**Emergency Contact Information:**

Home Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

**Additional Information:**

Does your child have any physical challenges? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have any medical conditions (asthma, epilepsy, injuries, etc)? Yes  No

If yes, please describe:

\_\_\_\_\_

Does your child have any allergies (medication or food)? Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

**DATE:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**REGISTRATION** (\$25.00)

Amount Paid: \_\_\_\_\_

**TUITION** (\$750)

Amount Paid: \_\_\_\_\_

Balance Due: \_\_\_\_\_

**Method of Payment:** Cash      Credit      Money Order

