

## Registration 2008-9 Season Dance Xpressions LLC

14 West Main Street Plainville, CT 06062  
(860) 747-3512 www.danceexpressionsofct.com

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Emergency Number at Time of Child's Class: \_\_\_\_\_

Does your child have any medical conditions that the teacher needs to know? \_\_\_\_\_

(Choose one) I want to receive information, newsletters, invoices, etc

by: \_\_\_\_\_ paper (Handed to students at class)

\_\_\_\_\_ email (Address: \_\_\_\_\_)

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Personal Data		Please fill out for Requested Classes		
Students Name	Years of Dance	Class Requested Day and Time of Class	Class Requested Day and Time of Class	Class Requested Day and Time of Class
Age/Date of Birth				
Age/Date of Birth				
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