



**Castro Valley Performing Arts**  
 20575 Santa Maria Ave.  
 Castro Valley, CA 94546  
 (510) 581-3262

**Student Information Form**

Registration Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address (if different) \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact (day) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (eve.) \_\_\_\_\_ Phone \_\_\_\_\_

Responsible for Payment \_\_\_\_\_

Previous Dance Background \_\_\_\_\_

\_\_\_\_\_

**CLASSES REGISTERED IN:**

Assigned To:	Teacher	Class	Day	Time	Start Date