

REGISTRATION FORM

Student's Name _____

Birthdate _____ Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

E-mail _____

Father's Name _____ Work (_____) _____

Mother's Name _____ Work (_____) _____

Billing Address _____

Alternative Emergency Notification _____

Home Phone (_____) _____ Work (_____) _____

Previous Dance Experience _____

My level is _____

I wish to register for: (See Schedule)

(tuition)

Pre-Ballet 5 & 6 Yr. = _____

A - Child 2x _____ = _____

A - Adult = _____

B 2x _____ = _____

C 2x _____ (✓) 3x _____ = _____

D 2x _____ (✓) 3x _____ = _____

E 2x _____ (✓) 3x _____ = _____

Student's Signature _____

Parent's Signature _____

(if student is under 18)

All classes are subject to rescheduling or cancellation.