



New Student Registration Form

Student Information

Student's Name: _____ Date of Birth: _____
Student's Name: _____ Date of Birth: _____
Mailing Address: _____
Primary Phone: _____ Phone (2): _____
Name of Person Responsible for Paying Fees: _____
Primary Email Address: _____
Primary Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

____ I/we understand the Studio Policies ____ I/we understand the Payment Policies
____ I/we understand the risks related to dance ____ I/we understand the Dress Code
____ I/we understand the schedule ____ I/we understand the Attendance Policy
____ I/we understand I am responsible for my own property

Signature / Responsible Party

Date

Classes (Classes run weekly from January 7th to May 17th, 2018)

Class Name	Meeting Date/Time	Tuition	Check all that Apply
Pre-Ballet	Mondays 10-10:45 AM	\$30	
Pre-Ballet	Fridays 11:15 AM-12 PM	\$30	
Beginning Ballet	Fridays 3:45-4:45 PM	\$35	
Adult Ballet	Wednesdays 8:15-9:30 PM	\$40	

Registration Fee: \$10/student or \$15/family

Recital/Costume Fee: WAIVED

Total Monthly Tuition: _____ (Due by 1st of each month)

Medical

Allergies:

Will your child require any special medical attention during a normal class: (yes/no)

If yes – Explain:
