

Exclusively Ballet & Dance

SUMMER Registration Form *Visa/Master Card Now Accepted*

STUDENT NAME: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____

Work phone: _____ Cell phone: _____ Relation to student: _____

Work phone: _____ Cell phone: _____ Relation to student: _____

E-mail address: _____

Emergency contact name: _____ Phone number: _____

Emergency contact name: _____ Phone number: _____

Student Information

Sex: _____

Date of Birth: _____

Age: _____

Grade: _____

Billing Contact Information

Billing Contact Name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Cell phone: _____

General Information

How did you find out about Exclusively Ballet & Dance: _____

Mark all discipline(s) in which trained: Ballet _____ Jazz _____ Tap _____

New students please list previous training:

Where: _____

Years: _____

Where: _____

Years: _____

Class(es) Registering For:

Class Level	Class Name	Day(s)	Time	Week

MANDATORYPLEASE INDICATE THE WEEKS YOU WILL ATTEND:**

- June 7-11
- June 14-18
- June 21-25
- June 28-July 2
- July 5-9
- July 12-16
- July 19-22
- July 26-30

IMPORTANT INFORMATION

Registration

- Fee Amount
 - One student per family \$30.00
 - Two or more students per family \$50.00
 - **Non-Refundable** and must accompany your registration form.

REGISTRATION AGREEMENT

I have read, understand and agree to abide by the policies and fee requirements of Exclusively Ballet & Dance. Enclosed is my registration fee to hold my child's place in class.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____