

Student Name _____ Date _____
Address _____ City _____ St _____ Zip _____
Home Phone _____ Student Cell _____
Student Email _____ Medical Conditions _____
Emergency Contact _____ Phone _____

FOR MINOR STUDENTS ONLY

Date of Birth ____/____/____ Age ____ School _____ Grade ____
Previous Dance Training at _____
Mother's Name _____ Address _____
City _____ St _____ Zip _____ Home Phone _____
Place of Business _____ Work Phone _____
Cell _____ Email _____ Other _____
Father's Name _____ Address _____
City _____ St. _____ Zip _____ Home Phone _____
Place of Business _____ Work Phone _____
Cell _____ Email _____ Other _____

FOR OFFICE USE ONLY **NON-REFUNDABLE REGISTRATION FEE: \$25.00**

Level: Ballet _____ Level _____ Misc programs for summer: _____
Paid: Registration Fee _____ Tuition _____ Number of weeks attending _____
Cash _____ Amount \$ _____ Ck # _____ Amount \$ _____
Credit Card # _____ X: _____ Code _____ Amt: \$ _____
Name: _____ Signature: _____
(Please Print)

- Registration Fee is due at time of registration. Full Tuition payment is due no later than June 7th 2019.
- There is no refund for missed classes.
- Paris Ballet & Dance is not responsible for lost/stolen items.
- I permit Paris Ballet & Dance and its agents to use my photo or my child's photo (still and/or video) for promotional purposes.
- I have read and understand the information above and agree to abide by it.

Parent/Guardian Signature _____ Date _____