

Student Name						[	Date	e
Address								Zip
Home Phone Medical Conditions				Student -	Email _			
Emergency Contact _				_ Phone				
Credit Card #						Expiration: _		
Name on card:(F	Please	Print)		Sig	nature: <sub>-</sub>			
FOR MINOR STUDENT	S ONL	<u>Y</u>						
Date of Birth/_	_/	_ Age	Sch	ool				_ Grade
Previous Dance Train	ing at <sub>-</sub>							
Mother's Name				Addı	ess			
City	_St _	Zip _		_ Home	Phone			
Work Phone Other			_Cell		Emai	il		
Father's Name				Add	lress			
City	_ St	Zip _		Hom	e Phone	e		
Work Phone Other			ell			Email		
FOR OFFICE USE ONLY Indicate number of weeks	in each	level:						
Level: CM Pre Backets		Repertory _		Shape Up				-
Paid: Registration Fee Cash CC Ck i	#	Tuition _ _ Amount	\$					
Registration Fee is due at time not pre-paid. There is no refund for missed Child supervision is not providussessed a late fee. Paris Ballet & Dance is not religiously purposes. I have read and understand the paris to the purposes.	I classes. ded after esponsibl and its a	Missed cla studio hours e for lost/sto gents to use	sses may s. Childrer len items. my photo	be made up on picked up la	only if the sater than 19	schedule allows. 5 minutes after the Il and/or video) foi	e stud	dio closes will be
Parent/Guardian Sign	ature					Date		