



1634 Railroad Street Enumclaw WA 98022 (360) 825-2196 Syble@theballetworkshop.com

REGISTRATION FORM

Youth Student's Name _____ Age _____ Date of Birth _____

Parent/Guardian's Name (Self) _____ (Spouse) _____

Address _____ City _____ Zip _____

Daytime Phone _____ Home Phone _____ Email _____
(for TBW communication purposes ONLY)

Cell Phone (Self) _____ Emergency Contact (Name) _____
(Phone) _____



Adult Student's Name _____

Address _____ City _____ Zip _____

Daytime Phone _____ Home Phone _____

Cell Phone _____ Email _____
(for TBW communication purposes ONLY)

If student participating has any physical limitations or disabilities that would be affected by participating in these activities, please explain so that we may better serve you/your student:

REGISTERING FOR THE FOLLOWING CLASS / CLASSES

DO NOT automatically register for the next level. A level change is by permission ONLY. Please discuss this advancement of class placement with the Director prior to registering.

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

Classes are filled on a first come, first serve basis. We reserve the right to change the schedule due to full enrollment or lack of enrollment. Please DO NOT show up to class without prior notification. Classes are canceled due to lack of enrollment. Please make check payable to THE BALLET WORKSHOP, INC. **Class placement will not be held without Registration Fee and/or first month's tuition.** Your tuition fee is due on or before your first class. **NEW STUDENT? Don't forget to enclose your \$10 Registration fee.** If you have questions, please feel free to contact us at (360) 825-2196 or Syble@theballetworkshop.com.

I accept and agree with the school's tuition policies. I also agree that The Ballet Workshop is not responsible for injuries or accidents that occur while on the premises, or for lost or stolen items.

Signature _____ Date _____