



Student Registration Form 2018/2019

Student's Name (First & Last): _____

Date of Birth (if under 18): _____ Age: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone #: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Name of Responsible Party: _____

If address and phone numbers are different from above please include: Telephone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Email address of primary contact: _____

Emergency Contact Name: _____ Phone #: _____

Please advise us of any medical conditions that may affect the student's participation:

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of dance class involve some degree of risk of strain or bodily injury. **Campaneria Ballet School is not responsible for personal injury or damage to personal property.**

I have received the a copy of the Policies and Guidelines and agree to adhere to all the content stated therein including:

*Studio Policies and Guidelines

*Tuition & Payment Information

*Dress Code

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Dancer's First and Last Name: _____

Please list the class(es) you wish to enroll in.

Class	Age Group	Day and Time of Class	Length of Class in Hours
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

TOTAL HOURS _____

TUITION \$ _____

SIBLING DISCOUNT \$ _____

SUB-TOTAL \$ _____

REGISTRATION FEE \$ 4 0 . 0 0

TOTAL \$ _____

AMOUNT PAID \$ _____

BALANCE DUE \$ _____