

BALLARE DANCE CENTRE
New Student Registration Form

Season: _____
 Signup Date: _____

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____
 Mailing Address: _____
 Primary Phone: _____ Phone (2): _____
 Name of Person responsible for paying fees: _____
 Primary Email Address: _____
 Primary Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies ___ I/we understand my billing obligations
 ___ I/we understand the risks related to dance ___ I/we understand my responsibilities for my property
 ___ I/we understand the dress code ___ I/we understand the schedule
 ___ I/we give media use rights permission ___ I/we understand the attendance policy

 Signature / Responsible Party Date

Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes

Registration Fee: _____ Recital Fee: _____
 Tuition: _____ Costume Fee: _____
 Discounts: _____ Comp Fees: _____
Total Monthly Tuition _____ Gym Fee: _____

Measurements

___ Height ___ Girth ___ Tights Size
 ___ Shoe Size ___ Inseam ___ Leotard Size

Medical

Allergies: _____
 Will your child require any special medical attention during a normal class: (yes/no) _____
 If yes – Explain: _____

[] – Recorded [] Paid in full [] On hold Processed by: _____ Special Notes: _____