



# EL PASO BALLET THEATRE - REGISTRATION FORM

**PLEASE PRINT CLEARLY**  
PROVIDE ALL INFORMATION REQUESTED.  
SIGN AND DATE.

Reg. Packet

## Student's Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

Academic School \_\_\_\_\_

## Email (parent)

## Email (student)

## Emergency

Contact Person(s) \_\_\_\_\_

Relation to Student \_\_\_\_\_

Emergency Phone(s) \_\_\_\_\_

## STUDENT'S PREVIOUS DANCE HISTORY (For new students only)

Years of dance training: \_\_\_\_\_. Previous dance studio(s) and instructor(s): \_\_\_\_\_

How did you learn about us? ☐ Facebook ☐ Google ☐ Yelp ☐ Friend ☐ Other: \_\_\_\_\_

## RELEVANT HEALTH HISTORY

Please list student's medical or physical conditions or injuries (e.g., asthma, allergies, scoliosis, bone fractures, etc.) that may affect vitality, strength, balance, flexibility, etc., when engaging in strenuous physical activity: \_\_\_\_\_

*I understand that El Paso Ballet Theatre is not responsible for any accidents or injuries that may occur on its premises. Photographs and videos may be taken of the dancers from time to time during class, in rehearsal, or on stage. I consent to allow images of myself/my child to be used by El Paso Ballet Theatre School or its resident company El Paso Ballet Theatre for display, publicity or other purposes.*

***\*I agree to make tuition payments on time and to pay other applicable charges by the specified deadlines. Students will be allowed to make up missed classes, but Tuition and Fees are non-refundable. I have read and understand all of the school's enrollment policies.***

**ADULT STUDENT or PARENT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

## FOR OFFICE USE ONLY (do not write in this box)

Enrolling for Level \_\_\_\_\_ Classes per week \_\_\_\_\_ on days: Mon Tue Wed Thu Fri Sat

Tuition option: ☐ Monthly ☐ 1 Qtr (5% discount) ☐ 2 Qtrs (5% discount) ☐ 3 Qtrs (5% discount)

☐ Academic Year (August'19-May'20, 10% discount) ☐ Full Year (August'19-July'20, 15% discount)

Auto Withdrawal: Profile ID: \_\_\_\_\_ Amount: \_\_\_\_\_ Billing From: \_\_\_\_\_ To: \_\_\_\_\_

Payments: \$ \_\_\_\_\_ Annual Registration Fee (\$50.00, or \$75.00 families)

+ \_\_\_\_\_ Regular Monthly Tuition (see *Tuition Schedule* to determine amount due)

- \_\_\_\_\_ Discount (10% Sibling: \_\_\_\_\_ / 10% Military / Other: \_\_\_\_\_)

Total Paid: \$ \_\_\_\_\_ Check one: ☐ Cash ☐ Check # \_\_\_\_\_ ☐ Credit Card: \_\_\_\_\_