

Last name letter



REGISTRATION PAID ON

20 Acosta Street, Stamford, CT 06902
Telephone: 203.978.0771, Fax: 203.961.1928
E-mail: mgr@connecticutballetcenter.com

REGISTRATION FORM - 2019-2020

STUDENT/PARENT INFORMATION (please PRINT)

Form with fields for Student's Name, Date of Birth, Student's Age, Parent/Guardian Name, Home Phone, Cell or Work Phone, Address, City, State, Zip, School Attended, Grade, E-mail Address.

CLASS INFORMATION (please PRINT)

Table with 4 columns: Description, Day, Time, Cost. Includes Registration Fee (\$20.00) and TOTAL Cost.

TUITION PAYMENT INFORMATION

Payment Plan Options: [] Payment in full [] 2 payments (Sept 1, Jan 25) [] 4 payments (Sept 1, Oct 26, Jan 25, Mar 21)
I agree to the payment plan option checked above

Signature of Student (if more than 18 years of age) or Parent/Guardian

Method of Payment: [] Cash [] Check [] Credit Card: [] VISA [] MASTERCARD

RELEASE OF LIABILITY

Photo/Video Consent: Consent is granted for the student to be photographed or videotaped. These may be used without compensation in a public presentation.
Injury Release: It is understood that the risk of physical injury is inherent in dance training. Connecticut Ballet Center strives to reduce that risk through proper training techniques.
Physical Contact: Dance is an art form that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

Signature of Student (if more than 18 years of age) or Parent/Guardian

Date