

# Registration Form

Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name: \_\_\_\_\_ Tel. Day \_\_\_\_\_

Address: \_\_\_\_\_ Tel. # Eve \_\_\_\_\_

City/State: \_\_\_\_\_ Emergency # \_\_\_\_\_

E-mail: \_\_\_\_\_ Student Cell # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Student's former Dance School \_\_\_\_\_

Years & Type of Training \_\_\_\_\_

Registering for \_\_\_\_\_ # of Classes per Week

| <u>LEVEL/ CLASS</u> | <u>DAY</u> | <u>TIME</u> |
|---------------------|------------|-------------|
| _____               | _____      | _____       |
| _____               | _____      | _____       |
| _____               | _____      | _____       |
| _____               | _____      | _____       |
| _____               | _____      | _____       |
| _____               | _____      | _____       |
| _____               | _____      | _____       |
| _____               | _____      | _____       |
| _____               | _____      | _____       |

Tuition Due – 1st Quarter \$ \_\_\_\_\_

Registration Fee \$25.00 (Non-Refundable) + \$25.00

TOTAL DUE NOW \$ \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Ballet & Dance of Upstate New York, Inc is NOT responsible for any injuries sustained by the applicant during or as a result of any course of instruction given to the applicant. I understand that I am responsible for payment for the classes listed above and that refunds will not be given for dropping a class mid quarter.

Classes cannot be dropped after the start of the third quarter.

Signature \_\_\_\_\_

**(If under 18, parent's signature required.)**

This form must be completed, signed and returned to us before you can take a class.