

# Student Registration Form

Please fill out completely for each student

Students First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Students Birthday: (m/d/y) \_\_\_\_\_ Grade: \_\_\_\_\_ Do you receive your 5 year award this year? \_\_\_\_\_

Parents Names: \_\_\_\_\_ Email: \_\_\_\_\_

(will be used for billing/sending studio information)

(Please mark best contact number)

Home Phone: \_\_\_\_\_ Is this your first year at Ballet Box? \_\_\_\_\_ New address? \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Referred by: \_\_\_\_\_

MEDICAL INFORMATION or SPECIAL NEEDS (allergies, asthma, reoccurring injuries, etc): \_\_\_\_\_

Class 1	Day _____	Time _____	Type _____
Class 2	Day _____	Time _____	Type _____
Class 3	Day _____	Time _____	Type _____
Class 4	Day _____	Time _____	Type _____

Please Initial:

\_\_\_\_\_ I have read and understand the policies and procedures of The Ballet Box.

\_\_\_\_\_ I agree to allow The Ballet Box to use the reproduction of photographs and digital images (photo and video) taken of the student for the purpose of marketing, internet marketing, public relations and promotions.

\_\_\_\_\_ I understand and acknowledge The Ballet Box is not liable for any injury to students or visitors while on the premises, during lessons, rehearsals, or performances.

\_\_\_\_\_ I understand missed lessons are non-refundable.

\_\_\_\_\_ I understand a Late fee of \$10 will be applied to my account if tuition is not paid on the 1st of the Month.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please send Registration Fee to: The Ballet Box  
\$10 each class 2401 Harnish Rd. Suite 106  
Algonquin, Il 60102

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Tuition for this Child: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Check No. \_\_\_\_\_ Date: \_\_\_\_\_

Entered in the Computer