# SUMMER CHILDREN'S CLASS REGISTRATION FORM

(*Please use separate forms for each student. Photocopied forms are acceptable.*)

Student's Name _____ Birth Date_____ Male / Female

Mother's Name _____ Email address _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Father's / Other's Name _____ Email address _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Address _____ City & Zip _____

** * * Please use a separate line for each class. Indicate how many of each class will be taken. * * **

1. Class _____ Day(s) _____ Time _____ # of classes _____
2. Class _____ Day(s) _____ Time _____ # of classes _____
3. Class _____ Day(s) _____ Time _____ # of classes _____

Number of classes to be taken in 10 week summer session (minimum 6 of each class):

(Please indicate dates of absence if known: _____)

**# of 1 hr classes: _____ # of 1½ hr classes: _____ Total Cost: _____**

**Amt Rcvd: _____ Date: _____ Method of Payment (Ck #): _____**

*PLEASE INCLUDE PAYMENT (MINIMUM OF SIX (6) OF EACH CLASS) WITH REGISTRATION*

- *I have read and agree to The Ballet School's policies as stated on the back of the schedule. Fees will be charged as registered regardless of attendance. I understand that no refunds or credits are given for missed classes. All missed classes should be made up before the summer session ends—no classes may be carried forward to the Fall session. The Ballet School reserves the right to cancel classes not meeting minimum enrollment.*

Signature _____ Date _____

*(Parent of student under 18 years old.)*

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

| 1 hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | # | COST |
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| **1 ½ hr** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **#** | **COST** |
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