

OFFICE USE:
JR:
RECEIPT:

SUMMER 2024 CLASS REGISTRATION FORM (CHILD & ADULT)

(Please use separate forms for each student; copies, PDFs & JPEGs are acceptable.)

Student's Name _____ New? _____ Child/Adult DOB: _____ Age by 6/17 _____ M/F/NB
(circle one) (Child) (Child)
Contact #1 _____ Relationship or Self _____ Cell _____
Address _____ City & Zip _____ Email _____
Contact #2 _____ Relationship _____ Cell _____
Address _____ City & Zip _____ Email _____
Emergency Contact _____ Contact's Phone _____
Allergies/Health Problems _____ Medications _____

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

Min. of 6 of each class. Adult Session 6/10-8/17 (10 weeks); Childrens Session 6/17-8/17 (9 weeks). Closed Thurs. July 4th.

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

• Payment for classes is due with registration. A registration fee of \$20 will be charged to students not currently enrolled at the studio. For assistance with fees, please call the studio or send an email to balletschoolch@gmail.com. Completed forms may be emailed to balletschoolch@gmail.com or mailed to the address below along with your payment or dropped off in our secure payment box in the lobby. Payment by credit card may be made through the portal or by phone. Cash payments accepted during business hours.

• 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 or adult student.)

FOR OFFICE USE ONLY

1.5 hrs	1	2	3	4	5	6	7	8	9	10	#	COST
\$28.50												
\$2280												
\$19.95												
1 hr.	1	2	3	4	5	6	7	8	9	10	#	COST
\$20.75												
\$16.60												

of 1 hr. class: _____ # of 1½ hr. class: _____ Total Cost: _____ Reg Fee: _____

Amt. Received: _____ Date: _____ Method/Chk #: _____ Bal.: _____

Refund _____ Date _____ Refund Method/Chk # _____ JR _____