



REGISTRATION for Semester I, 2019

REGISTRATION DEADLINE: Thursday, August 22nd

RETURNING STUDENTS: In order to hold your place in class, please send in registration or notify the studio (email preferred) of 'intent to return' by August 15th. After this date, we will be accepting new students. Class sizes limited.

Fill out form completely and return with tuition payment + reg. fee and submit either through mail, front desk during summer hours or drop in black mailbox outside our side entrance.

Student Name: _____ Parent/Guardian Name(s): _____

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------|
| Best phone # to be reached: (____) _____ | Email(s): _____ |
| Address: _____ | City _____ Zip _____ |
| Age: ____ Birthday: ____/____/____ | School: _____ Grade: _____ Referred By: _____ |
| Allergies or any other health conditions or special needs to be aware of: _____ | |
| Previous Ballet Training: (new students only) _____ | |

List Classes (list class & day or level & qty./week)

TOTALS:

| | |
|-----------------------------|-----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Class TUITION TOTAL: | \$ _____ |

<< LESS: Family Discount (if applicable*) >> (\$ _____)

*2+ students enrolled within the same immediate family receive 5% off total tuition

ADD: Annual Registration Fee **\$ _____
\$20 per student (\$35 max per family)

TOTAL Due: \$ _____

FULL SEMESTER PAYMENT DUE UPON REGISTRATION: CASH, CHECK or CREDIT CARD*

*(note: if using CC, there will be a +2.75% convenience fee added to your total)

Checks payable to: Brighton School of Ballet

I have read the **school policies and dress code**. I am in agreement with the way in which classes will be conducted. I understand that participation in dance classes carries with it a reasonable assumption of risk. I assume all responsibility for myself and for my children while participating in classes and/or activities at Brighton School of Ballet. I waive all claims for liability on Brighton School of Ballet or any of its teachers in case of injury.

Signature (parent, if student under 18) _____ Date _____