



# Semster II REGISTRATION FORM

**\*Registration Deadline: Friday, January 11**

**CURRENT STUDENTS:** List selected classes below on tuition worksheet and submit to studio by deadline.

**ONLY FILL IN THE BELOW INFO BOX IF** there are updates/changes from Fall/Sem. I registration form.

*If your student has paid \$20 annual registration fee in Sept., you don't need to pay it again for Sem. II.*

**NEW STUDENTS:** *BEFORE registering*, please make sure you have first contacted the studio regarding class placement and availability for open spaces in class. Fill out the form below and return with tuition payment + registration fee either during business hours after Jan. 3, or by mail or drop off in exterior side entrance mailbox.

*If paying cash, please register in person.*

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:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Class TUITION TOTAL:</b>	<b>\$ _____</b>

**ADD: Annual Registration Fee \*\*\$** \_\_\_\_\_

*\$20 per student (\$35 max per family)*

*(only due for students starting in Jan./Sem II)*

**TOTAL Due: \$** \_\_\_\_\_

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

*\*(note: if using CC, there will be a 3 % 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 \_\_\_\_\_