

Academy of Fort Wayne Ballet

2010-2011 Academic Year

Registration Form

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

Father Day Phone: _____ Father Cell Phone: _____

Mother Day Phone: _____ Mother Cell Phone: _____

Father/Guardian Name: _____ Employer: _____

Mother/Guardian Name: _____ Employer: _____

Emergency Contact (Not Parent): _____ Phone: _____

Relation to Student: _____

Physician's Name: _____ Phone: _____

Pertinent information about this student that should be known by the staff and instructors (previous injury, medical, disabilities, medications, etc.) Use back of page if more room is needed.

Please list your first choice in classes for your student. Classes fill on a first come, first serve basis. Your student's place in class is secured upon receipt of her/his non-refundable registration fee of \$25.00.

Class Name/Day

Class Name/Day

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

____ No, I do not wish to receive the Academy newsletter through e-mail

I have read and accept the tuition policy. I understand I am responsible for the full tuition for which the above student is registered and am subject to an early withdrawal fee if she/he does not complete the terms of enrollment.

_____ Date _____ Signature – Parent, Legal Guardian, Non-Minor Student

_____ *Please check here if your dancer will be graduating in the Spring of 2011