

Ballet Arts Primary Program Enrollment Form

Dancer's Name: _____

Birth Date: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian Name: _____

Parent / Guardian Phone: _____

Parent / Guardian Email Address: _____

Permission to Text: Yes No

School: _____ Grade: _____

Dance School in which dancer is presently enrolled:

Prior to this year, number of years of classical ballet (1 prior year is required): _____

T-Shirt Size: YS YM YL YXL AS

Allergies: _____

Information we should know: _____

Payment Options:

___ one payment of \$360.00 (with form submission)

___ two payments of \$180.00 (first with form submission; second by Dec 6th)

Parent / Guardian Signature _____ Date _____