

Primary Dancer Enrollment Form

Dancer's Name: _____ Birth date: _____ Age _____ Address:

_____ City _____ State _____ Zip _____

Home Phone: _____ Parent/Guardian Cell: _____

Permission to Text _____ Yes or _____ No

Parent/Guardian Email _____

Dancer's School: _____ Grade: _____

Dancer Shirt Size: YS YM YL YXL AS AM AL

Dancer Allergies: _____

Prior to this year: Number of years of classical ballet: _____

Payment Options: Please check one option

\$360.00 August 19th _____, or 2 payments of \$180.00 August 19th & Nov. 19th _____

Parent Signature _____ Date _____