

Ballet Arts Center – Registration Card

Dancers Name: _____ School Grade: _____ Age: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ 2nd Telephone: _____

(Please check one) Dancer Lives with: _____ Mother & Father _____ Mother Only _____ Father Only _____ Guardian

Father's Name: _____ Workplace: _____ Phone: _____

Mother's Name: _____ Workplace: _____ Phone: _____

Person responsible for monthly tuition payments: _____ Phone: _____

Parent's e-mail: _____ Dancer's e-mail: _____

In case of an emergency and unable to contact either parent, please list two alternate persons to contact:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Medical Conditions or Concerns: _____

Class Choices: 1. _____ 2. _____ 3. _____ 4. _____