



America's Ballet School – Registration Form

Billing Name (Parent 1)

Address

City State Zip Code

Home Phone Number

Cell Phone Number

E-Mail Address

Employer

Work Number

Parent 2

Address

City State Zip Code

Home Phone Number

Cell Phone Number

E-Mail Address

Employer

Work Number

Emergency Contacts

(Name and Phone #)

Student Name

Address

City State Zip Code

Home Phone Number

Cell Phone Number

E-Mail Address

Birthdate

Age

School

Grade

Medical Conditions and Allergies

Class Level

Tuition Amount	\$	
Registration Fee	\$	30
Total Due	\$	

Parent Signature:

Date: