

Charlotte School of Ballet
627 South Sharon Amity
Charlotte, North Carolina 28211
704 366-9675
www.CharlotteBallet.com
2016 - 2017

Student # _____ Enrollment date _____

Please Print Clearly

Student's Name _____ Date of Birth _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Mother's Cell _____ Father's Cell _____

Student's cell _____ which is the best contact number _____

Email Address/es _____

Emergency Contact _____

Classes Enrolled :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Total # of classes per week _____

Registration fee \$50.00 per student

Tuition Payment choice: () one annual payment due by 8/31

() two semester payments due 8/31 & 1/10

() 10 monthly payments

I understand that I am enrolling for the 2016- 2017 dance year. I have read the Student Handbook and agree to the policies of the Charlotte School of Ballet. I further understand that I am responsible for all tuition payments as registered until a Registration Change Form is submitted **30 days prior to date of change.**

Signature of person responsible for the bill _____

Although every effort is made to create a safe environment, I realize there is always a risk of accident. If necessary, I authorize the Charlotte School of Ballet to administer first aid treatment and or emergency treatment for my child on my behalf. I further release the Charlotte School of Ballet from liabilities for injury or damages arising out of personal injury of any kind.

Signature of Parent/ Guardian _____

Charlotte School of Ballet is granted permission to use dancer's likeness in advertisements, news releases and on website.

Signature of Parent/Guardian _____

