



**REGISTRATION
FORM**

Please Print Carefully

STUDENT'S NAME

Last _____ First _____ Middle _____

Birthdate _____ Age _____

Last _____ First _____ Middle _____

Birthdate _____ Age _____

STUDENT'S ADDRESS

Street _____

City _____ Zip Code _____

Home Phone _____

Work Phone, Mother _____

Cell Phone, Mother _____

Work Phone, Father _____

Cell Phone, Father _____

Email Address _____

PARENT INFORMATION (if student is under 18 years of age)

Mother: Last Name _____ First _____

Address (if different from above) _____

City _____ Zip Code _____

Home Phone _____

Cell Phone _____

Father: Last Name _____ First _____

Address (if different from above) _____

City _____ Zip Code _____

Home Phone _____

Cell Phone _____

AUTHORIZED PICK-UP (other than parents)

Name _____ Relationship to Student _____

Phone: Home _____ Work/Cell _____

Name _____ Relationship to Student _____

Phone: Home _____ Work/Cell _____

WHO'S RESPONSIBLE FOR PAYING TUITION

Name _____ Relationship to Student _____

Address (if different from above) _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____

FOR EMERGENCY: CLOSEST RELATIVE

Name _____ Relationship to Student _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____

(please turn over)

Student's Name _____

HOW MANY LESSONS PER WEEK:

Classes per week _____ Day(s) _____ Time(s) _____
Day(s) _____ Time(s) _____
Day(s) _____ Time(s) _____

PREVIOUS TRAINING? Yes _____ No _____ (if yes, fill out below)
Name of School(s) City/State Method How Long?
(Russian, Royal Academy, etc.)

Student's Name _____

HOW MANY LESSONS PER WEEK:

Classes per week _____ Day(s) _____ Time(s) _____
Day(s) _____ Time(s) _____
Day(s) _____ Time(s) _____

PREVIOUS TRAINING? Yes _____ No _____ (if yes, fill out below)
Name of School(s) City/State Method How Long?
(Russian, Royal Academy, etc.)

HOW DID YOU HEAR ABOUT EUFRAZIA SCHOOL OF BALLET?

- _____ Live in neighborhood
- _____ Friend or relative
- _____ AT&T Yellow Pages
- _____ yp.com - Yellow Pages ONLINE
- _____ Other (please describe _____)



RELEASE FORM

STUDENT'S NAME: _____

I certify that I am / my child is in proper physical condition to take part in ballet class. I realize that there are certain risks possible in the art of dancing. I agree to assume the risk of all injuries that may arise from my / my child's participation in the ballet classes at Eufrazia School of Ballet.

In consideration of the above, I hereby release and hold harmless Eufrazia School of Ballet, its teachers and Director from and against any liability or claim for any loss of property, injury, misadventure, harm, cost or damage sustained as a result of my / my child's participation in classes at Eufrazia School of Ballet.

I have read this release and understand its meaning.

Print Name Relationship to Student

Signature (Parent/Guardian if under 18) Date

If you / your child has any medical conditions (include food allergies) that you feel your / your child's teacher should be aware of, please list them here:

In case of emergency, please contact:

Name Relationship to Student

Home Phone Cell Phone

HOME OF THE STORYBOOK BALLET