

Last Name: _____ First Name: _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Mom's Name: _____ Mom's Cell Phone: _____

Dad's Name: _____ Dad's Cell Phone: _____

Email Address: _____ Street Clothing Size: _____

Student Email: _____ Student Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Does your child have any allergies or physical limitations the school should be aware of? Please explain: _____

How did you hear about Gate City Ballet: _____

May we use your child's image in promotional materials for our studio? _____ Please Initial: _____

Gate City Ballet and its faculty are not liable for personal injury and do not assume responsibility for lost or stolen property. No refunds or credits will be given for missed classes. Gate City Ballet requires a twenty-five dollar registration fee at the time of enrollment and one month's tuition paid full. All tuition payments are due no later than the 25th of the previous month.

Signed: _____ Date: _____

Payment Information

Class Information

	Date	Method	Payment	Day	Class Name	Time	Costume \$
Registration							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							

Recital Participation	Y / N
Spring Ballet – May	
Summer Festival of Dance – June	

Date	Costume Fees	Payments
	Deposit	
	Balance	

Notes: _____