

Student # _____

Enrollment Date _____

Charlotte School of Ballet
627 South Sharon Amity
Charlotte, North Carolina 28211
www.CharlotteBallet.com
2010-11 Student Registration Form
(Please Print Clearly!)

Student's Name _____

Birthdate _____
month/day/year

Parent/ Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Mother's cell _____ Father's cell _____

Student's cell (if applicable) _____

Email Address/es _____

Academic School _____ Grade _____

In Case of Emergency:
Contact _____

Classes Enrolled:	CLASS	DAY	TIME
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(Please list additional classes on back of form)

Total # of classes per week _____

Payment choice () Yearly by 8/31 () Semester 8/31 & 1/10 ()
() 10 payment option due on dates in Student handbook
() Registration fee \$40.00 per student

I understand that I am enrolling for the 2010-11 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 _____

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