

BALLET PENSACOLA ACADEMY

2018-19 REGISTRATION

Detach completed form and return with \$30 (per student) registration fee and first month's tuition to:
Ballet Pensacola 400 S. Jefferson St. Pensacola, FL 32502

Student's Name _____ Age _____ Birthdate _____
Address _____ City _____ Zip _____
Home Phone _____ E-mail _____
School _____ Grade _____
Mother's Name _____ Cell Phone _____
Address (if different from student) _____
Place of Employment _____
E-mail _____ Work Phone _____
Father's Name _____ Cell Phone _____
Address (if different from student) _____
Place of Employment _____
E-mail _____ Work Phone _____

Are you a new _____ or returning _____ student?

If new, how much previous dance training have you received?

Number of years _____ Classes per week _____ Studio _____

I would like to register for:

Class _____	Day _____	Time _____	Fee _____
Class _____	Day _____	Time _____	Fee _____
Class _____	Day _____	Time _____	Fee _____
Class _____	Day _____	Time _____	Fee _____

Method of Payment

Include first month's tuition plus \$30 (per student) registration fee.

Enclosed check or money order \$ _____

Please charge my credit card \$ _____

Please automatically charge my credit card \$ _____ each month for tuition.

If using a credit card for payment of tuition or a donation, please complete the information below.

Visa _____ MasterCard _____ Discover _____ Billing Zip Code _____

Card Number _____ Exp. Date _____

Authorized Cardholder Signature _____ Three-Digit Security Code _____

I hereby give permission to Ballet Pensacola to use my child's photographic likeness (produced by Ballet Pensacola) during his/her period of tenure in all forms and media for advertising, trade and any other lawful purposes. I understand that said likeness will continue to be the property of Ballet Pensacola after my child's tenure.

Student's Name _____ Guardian's Name (printed) _____

Guardian's Signature _____ Date _____