



**Fall 2017
Registration Form**

Student's Name (Last, First)

Date of Birth

Age

Parent's Name (Last, First)

Email

Main Phone

Alternate Phone

Street Address

City

State

Zip

How did you hear about us? _____

	Class Day/Time
1st Choice	
2nd Choice	

Please check one:

Current Student

Previous Student

New Student

Parent Consent:

Storybook Ballet is not responsible for any injury occurring to students while on the premises. Please inform us of all medical conditions at the time of registration.

Select Payment:

\$224.00 Full payment enclosed

or

\$118.00 Partial payment enclosed
(\$118.00 Due by Sept. 11, 2017)

Parent or Guardian Signature

Date

Please submit registration form and payment to:

**Storybook Ballet
726 N. Midvale Boulevard, Suite B20
Madison, WI 53705**