



## Summer 2018 Registration Form

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**Student's Name (Last, First)**

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**Date of Birth**

**Age**

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**Parent's Name (Last, First)**

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**Email**

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**Main Phone**

**Alternate Phone**

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**Street Address**

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**City**

**State**

**Zip**

*How did you hear about us?* \_\_\_\_\_

	<b>Class Day/Time</b>
<b>1<sup>st</sup> Choice</b>	
<b>2<sup>nd</sup> Choice</b>	

**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.

**Please check:**

\$96.00 Payment enclosed  
(Payable to Storybook Ballet)

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**Parent or Guardian Signature**

**Date**

*Please submit registration form and payment to:*

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