



Winter/Spring 2018 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/Same Class
 Current Student/Different Class
 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 Feb. 3, 2018)

Parent or Guardian Signature

Date

Please submit registration form and payment to:
Storybook Ballet
726 N. Midvale Boulevard, Suite B20
Madison, WI 53705