



Summer 2019 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.

Please check:

\$100.00 Payment enclosed
(Payable to Storybook Ballet)

Parent or Guardian Signature

Date

Please submit registration form and payment to:

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