Summer 2020
6-week Session 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.

Parent/Guardian Signature **Date**

Photo Release:
Storybook Ballet may take a photo of your dancer. We may use these photos for publicity purposes such as but not limited to: our website, Facebook, etc.

Parent/Guardian Signature **Date**
To decline photo release, check here: ☐

____ $100.00 Payment enclosed
(payable to Storybook Ballet)

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