



In-Person Ballet Class Summer Session 2020

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
1 st Choice	
2 nd 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