## **Ballet and All That Jazz**

## **Registration Form**

		M / F
Student Name		Gender
Month Da	te Year	
Date of Birth		
Address		
City	State	Zip
Home Phone Number		
Mother's Name		
		<del></del>
	Cellular / Work Phone	Number
Father's Name		
	Cellular / Work Phone	Numbor
Previous Dance Experience		low Long?
How did you hear about us		
Which class are you intere		
Name of Class	Day of Week	Tuition
		·
	Total	
Registration form should b		
Ballet and All That Jazz		Phone: (518) 621-1
6 Greenwood Drive		Email: BalletandAllThatJazz@
East Greenbush, NY 1206	1	Website: www.balletandtha

ition is due the first day of class for each month. ition is non refundable, nor transferable.

ind All That Jazz or its employees are not responsible for al injuries, damaged, and/or lost property. I understand ool's policies as described on school website, and am sible for paying the tuition each month on my own. I have ned and attached the Parent Agreement Waiver with this form.

read and understand the COVID-19 Safety Guidelines ed on the school website. I have also discussed the riate safety guidelines at the school with my dancer(s).\*

## **FO CLEARANCE:** (select one)

] BAATJ has permission to use photographs of my child(ren) for promotional purposes.

] Please do not publish photographs of my child(ren).

igning above, your child(ren)'s photo will not only be excluded from omotional purposes, social media and web posts; including publications the school newsletter and our Annual Performance Magazine. ~~

## ature of Parent / Guardian

Date

tion is due even with one attendance per month per class.

00 late fee will be assessed if payment is not received by the end of the month. e note that there is a fee of \$35.00 for a returned check.

ail.com Website: www.balletandthatjazz.com