

# Ballet and All That Jazz

## Registration Form

_____		M / F
Student Name		Gender
Month	Date	Year
_____		
Date of Birth		
_____		
Address		
_____	_____	_____
City	State	Zip
/		
_____		
Home Phone Number / E-mail Address		
_____		
Mother's Name		
_____		
Cellular / Work Phone Number		
_____		
Father's Name		
_____		
Cellular / Work Phone Number		
_____		
Previous Dance Experience?	Yes / No	How Long?
_____		
How did you hear about us?		
_____		
Which class are you interested in taking?		
Name of Class	Day of Week	Tuition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

Please make your check payable to:

**Ballet and All That Jazz**

Registration form should be mailed to:

**Ballet and All That Jazz**

6 Greenwood Drive

East Greenbush, NY 12061

For any questions, please contact us at:

balletandallthatjazz@hotmail.com

www.balletandthatjazz.com

The tuition is due the first day of class for each month.

The tuition is non refundable, nor transferable.

Ballet and All That Jazz or its employees are not responsible for personal injuries, damaged, and/or lost property. I understand the school's policies as described on the school website, and am responsible for paying the tuition each month on my own. I also give Ballet and All That Jazz the permission to use dance photos of my child for advertising and/or publicity purposes. I have also signed and attached the Parent Agreement Waiver with this form.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\*The tuition is due even with one attendance per month per class.\*

\*\*A \$10.00 late fee will be assessed if payment is not received by the end of the month.\*\*

\*\*\*Please note that there is a fee of \$25.00 for a returned check.\*\*\*