

# BALLETNOVA WINTER SPRING 2017 ENROLLMENT FORM

## Student Information *(Please print clearly and use additional forms as necessary)* New households, please check box:

_____	F/M	___/___/___	_____	_____
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Gender</b>	<b>Date of Birth</b>
			Age	School or Company

_____	F/M	___/___/___	_____	_____
First Name	MI	Last Name	Gender	Date of Birth
			Age	School or Company

_____	_____	_____	_____
<b>Home Address: Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Phone</b>	<b>Primary E-mail</b> (most of our communication is through email)
<i>Your contact information will be used only by BalletNova Center for Dance and the Company will not share its mailing list with other organizations.</i>	

<b>Primary Contact 1:</b>	<b>Primary Contact 2:</b>
_____	_____
First Name	Last Name

_____	_____
<b>Job Title</b>	<b>Company</b>

_____	_____
<b>Work Phone</b>	<b>Cell Phone</b>

CLASS REGISTRATION				
Student Name	Class / Level	Day / Time	Class Number	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUB TOTAL \_\_\_\_\_

Registration Fee \$25 (waived if re-enrolled on or before February 6- or new student): \_\_\_\_\_

Multiple Class Discount \$20/class (for children or adult classes, 2 or more if registered on or before February 13): \_\_\_\_\_

(Discount already included for Junior through Conservatory Division): \_\_\_\_\_

I want to be a Partner and make a tax-deductible donation to BalletNova Center for Dance: \_\_\_\_\_

Any additional fees or discounts applied: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Amount Paid Now: \_\_\_\_\_

Does your child have special needs of which we should apprise the teacher?  Yes  No

If yes, please describe: \_\_\_\_\_

**NEW STUDENTS:** How did you find out about our studio?  web  drive-by  a performance  Referral by: \_\_\_\_\_

other: \_\_\_\_\_

This signed registration is verification and confirmation of the parent's/student's agreement to BalletNova Center for Dance policies as outlined and that they understand there are risks inherent in any physical activity and will not hold BalletNova Center for Dance liable in the event of injury or otherwise.



<b>Signature of Adult Student or Parent/Guardian of Minor Student</b>	<b>Date</b>
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**Payment:**  
Amount enclosed: \$ \_\_\_\_\_

- Check** –payable to *BALLETNOVA*
- IN FULL**  **Installments** (additional paperwork required)
- Credit Card** (circle): MasterCard VISA Discover AMEX

Number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ CVV \_\_\_\_\_

**NOTE: Tuition is not refundable** unless the Center cancels a class or a workshop. A charge of \$25 will be made for returned checks/withdrawals and declined credit cards.

**Mail** check and completed form to: P.O. Box 5587, Arlington, VA 22205  
or (secure) **fax with credit card info** to: 703-778-3016

Signature: \_\_\_\_\_