

# BALLETNOVA SUMMER PROGRAM 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>

**Program REGISTRATION**

_____	_____	_____	_____
Name of Program		Start Date	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUB TOTAL

Annual Registration Fee \$25:

Military Discount 10% (with ID):

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

**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>

**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: 3443 Carlin Springs Rd., Falls Church, VA 22041  
 OR attach filled form and email to [info@balletnova.org](mailto:info@balletnova.org)

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