



Fall 2010 Registration

Student Information

(Please Print Clearly)

Student's Name _____ Age _____ Birth date _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell _____ E-Mail* _____
 Female Male Academic School _____ Grade _____
(Used for car pool information, if needed)

Parent #1 Name _____ Home Phone _____
 Cell _____ Work Phone _____ E-Mail* _____
 Address *(If Different From Above)* _____ City _____ Zip _____

Parent #2 Name _____ Home Phone _____
 Cell _____ Work Phone _____ E-Mail* _____
 Address *(If Different From Above)* _____ City _____ Zip _____

How do you prefer to receive correspondence? Mail E-mail Phone

**Email will be used to provide Springfield Ballet updates. We will NOT give or sell email addresses to outside organizations.*

Person Responsible for Tuition _____ Phone _____
 Address _____ City _____ Zip _____
(If Different From Above)

Emergency Contact Information—please list an individual who is not one of the parents listed above
 Name _____ Relationship to student _____
 Home Phone _____ Work Phone _____ Cell _____
 Please list any allergies, medications, and/or physical or medical conditions which may affect study _____

Is the student:

New Student Returning Student Returning Student with change of address

If new student, how did you hear about Springfield Ballet? _____

For all **new students**, please list any and all previous and concurrent dance training (attach sheet if necessary).

Dates	School Name	Type of Dance and Level	Hours per week

Volunteering

Like any not-for-profit organization, Springfield Ballet depends on volunteers for support to keep our tuition costs low throughout the year. Please indicate the areas where you would like to help or would like more information:

Springfield Ballet Guild Backstage/Productions Costuming Office/Admin Support
 Fundraising Other _____ Not interested at this time

For office use only
 Total Tuition _____ Sibling Discount _____ Workshop Course _____ Registration Fee _____
 Payment Plan Fee _____ CC Fee _____ Scholarship _____ Total Amount Due _____
 Payment Method Cash Check # _____ Credit Card Paid in Full _____ Payment Plan (4 payments of \$ _____)

