Ballet Center of Fort Worth
Student Enrollment Form

Student Name: _____

Age: _____ Date of Birth: _____

Mother name: _____ Father Name: _____

Employer: _____ Employer: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Years of Ballet: _____ Years of Pointe: _____

Other Dance Schools: _____

Emergency Contact: _____ Phone # _____

Name of School your child attends: _____

Does your child have any health concerns that we should be aware of? (allergies, asthma, etc.)

_____

_____

Please circle which areas you would like to volunteer:

Costumes Marketing/Advertising Set Construction Theater assistance Fundraising Events

Contact me regarding Ballet Frontier and upcoming events: YES NO

Phone Number: _____

Email notifications at: _____

****This Form Must Be Signed Prior to Admission:**

I hereby release Ballet Center of Fort Worth, its agents and employees, from all liability for personal injury, illness, theft or property damage occurring on or off the School premises, whether or not caused by the negligence of Ballet Center of Fort Worth, its agents or employees. I understand that I am responsible for Workshop tuition payments in accordance with School policy. I am in good health and capable of participating in all School activities and classes. I hereby give permission to the School to take photographs for promition purposes.

_____ _____

Parent/guardian Signature (if student under age 18) Date

Registration fee $35.00

total due

Cash _____

Check # _____

Visa/MC _____

date: _____

*** Learned of Ballet Center of Fort Worth from: _____