

Ballet Center of Fort Worth
Enrollment Form

Student Name: _____

Address: _____

City _____ State _____ Zip _____

Date of Birth: ____/____/____ Age: _____ Grade: _____
mo day yr

Father's name: _____

Mother's name: _____

Home Phone: _____ Cell Phone: _____

Primary E-Mail: _____

Years of Ballet: _____ Years of Pointe: _____

Other Ballet Schools attended: _____

Referred by: _____

Emergency Contact:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

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 tuition payments in accordance with School tuition 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 promotional purposes.

XX _____
Parent/ Guardian Signature (if student is under age 18)

Date:

ENROLLMENT FEE IS DUE AT TIME OF REGISTRATION (non refundable)
Tuition payment due on 1st of each month, late fee of \$20 charged after 10th of the month
Please make checks payable to - Ballet Center of Fort Worth

Check # _____ \$ _____
Money Order # _____ \$ _____
Cash \$ _____
Visa or MasterCard \$ _____

Please circle the class/classes of your choice:

Class: PB I or II / BB I or II / Int. I or II / Advanced / Teen Beginner/ Int. I Pointe / Int. II Pointe / Advanced Pointe
Jazz / Modern / Tap / Lyrical / Musical Theater / Zumba / Yoga

Day: Monday / Tuesday / Wednesday / Thursday / Friday / Saturday