

Belmont School of Ballet  
627 South Sharon Amity  
Charlotte, North Carolina 28211  
704 366-9675  
www.BelmontBallet.com

Student # \_\_\_\_\_

Enrollment date \_\_\_\_\_

Please Print Clearly

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Student's cell \_\_\_\_\_ which is the best contact number \_\_\_\_\_

Email Address/es \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Classes Enrolled :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Total # of classes per week \_\_\_\_\_

Registration fee \$40.00 per student

Tuition Payment choice: ( ) one annual payment due by 8/31

( ) two semester payments due 8/31 & 1/10

( ) 10 monthly payments

I understand that I am enrolling for the 2011 - 2012 dance year. I have read the Student Handbook and agree to the policies of the Belmont School of Ballet. I further understand that I am responsible for all tuition payments as registered until a Registration Change Form is submitted 30 days prior to date of change.

Signature of person responsible for the bill \_\_\_\_\_

Although every effort is made to create a safe environment, I realize there is always a risk of accident. If necessary, I authorize the Belmont School of Ballet to administer first aid treatment and or emergency treatment for my child on my behalf. I further release the Belmont School of Ballet from liabilities for injury or damages arising out of personal injury of any kind.

Signature of Parent/ Guardian \_\_\_\_\_

Belmont School of Ballet is granted permission to use dancer's likeness in advertisements, news releases and on website.

Signature of Parent/Guardian \_\_\_\_\_

