

**Registration (season 2024-2025)**

DOB \_\_\_\_\_

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of classes weekly \_\_\_\_\_

Day(s) of week and hour(s) \_\_\_\_\_

\_\_\_\_\_

Sept. payment \_\_\_\_\_ Nov. payment \_\_\_\_\_ Dec. payment \_\_\_\_\_

Jan. payment \_\_\_\_\_ Feb. payment \_\_\_\_\_ Mar. payment \_\_\_\_\_

Apr. payment \_\_\_\_\_ Credit Card information:

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Number \_\_\_\_\_

I agree with the School of Classical Ballet rules and regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_