Registration (season 2026-2027) 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 _____