

# Registration Form

## 2008-2009

Academy of Ballet  
6375 Spalding Drive, Suite A  
Norcross, Georgia 30092 770-242-6379  
[www.academy-ballet.com](http://www.academy-ballet.com)

Please return this signed form with your non-refundable registration fee of \$35.00 per student (\$50.00 per family) and first months tuition to the address above.

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

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact & # \_\_\_\_\_

Student 1 Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Class(es) attending: \_\_\_\_\_ reg fee \$35.00 + tuition \$ \_\_\_\_\_

Sibling 2 Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Class(es) attending: \_\_\_\_\_ reg fee \$15.00 + tuition \$ \_\_\_\_\_

Sibling 3 Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Class(es) attending: \_\_\_\_\_ reg fee \$0.00 + tuition \$ \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_

**I have read the tuition schedule and accept my responsibility for payments. I understand that my child will be participating in an active program and accept the risks involved.**

Signature \_\_\_\_\_

Date \_\_\_\_\_