

**Kingsport Ballet
Student File**

Fall 2009

Last Name _____ Home Phone _____

Mother's name _____ Father's name _____

Address _____ City,St.,Zip _____

Work phone _____ Cell phone _____ Pager _____

E-mail address _____

Emergency Contact: Name _____ Phone _____

On the back page please list any special information, allergies, disabilities or challenges.

#1 Student _____ Ballet Level: _____ Years of study _____

Birthdate _____ Classes: _____

#2 Student _____ Ballet Level: _____ Years of study _____

Birthdate _____ Classes: _____

#3 Student _____ Ballet Level: _____ Years of study _____

Birthdate _____ Classes: _____

For Official Use Only:

<i>Performance Fees:</i>	<u>Nut.\$:</u>	<u>Date:</u> <u>Check#:</u>	<u>Spring Ballet \$:</u>	<u>Date:</u> <u>Check#:</u>	<u>Spring Concert\$:</u>	<u>Date:</u> <u>Check#:</u>
<i>Costume Fees – S.C.:</i>	<u>#1:</u>	<u>#2:</u>	<u>#3:</u>	<u>#4:</u>	<u>Total Costume Fee:</u>	<u>Date:</u> <u>Check#:</u>

Registration Fee \$25/\$35: Date Paid _____ Check # _____ Initials _____ Monthly tuition: \$ _____

Discounts or Special Rates: _____

<u>Amount Paid</u>	<u>Check #</u>	<u>Date Paid</u>	<u>Entered by</u>	<u>Late fee</u>	<u>Credits</u>
Aug. _____	_____	_____	_____	_____	_____
Sept. _____	_____	_____	_____	_____	_____
Oct. _____	_____	_____	_____	_____	_____
Nov. _____	_____	_____	_____	_____	_____
Dec. _____	_____	_____	_____	_____	_____
Jan. _____	_____	_____	_____	_____	_____
Feb. _____	_____	_____	_____	_____	_____
Mar. _____	_____	_____	_____	_____	_____
Apr. _____	_____	_____	_____	_____	_____
May _____	_____	_____	_____	_____	_____

I hereby release the Kingsport Ballet, its Artistic Director/Ballet Mistress, Board of Directors, Faculty and volunteer staff and all of its contractual employees and agents from any and all claims that may result from my or my child's participation in the programs of the Kingsport Ballet.

Parent Signature _____ Adult Student Signature _____