

Kingsport Ballet Student File

2021

Student Last Name _____ Home Phone # _____

Mother's Name _____ Father's Name _____

Address _____ City _____ St _____ Zip _____

Email Address: _____

Work/Cell # Mom: _____ Work/Cell # Dad: _____

Emergency Contact – Name: _____ Phone#s _____

On the back page please list any special information, allergies, disabilities or other pertinent data

#1 Student Name: _____ **Years of Study:** ____ **Birthdate** _____

Ballet Level: _____

Class Schedule: (i.e. BII Tues/Thurs, Jazz I Mon) _____

#2 Student Name: _____ **Years of Study:** ____ **Birthdate** _____

Ballet Level: _____

Class Schedule: (i.e. BII Tues/Thurs, Jazz I Mon) _____

#3 Student Name: _____ **Years of Study:** ____ **Birthdate** _____

Ballet Level: _____

Class Schedule: (i.e. BII Tues/Thurs, Jazz I Mon) _____

REGISTRATION FEE: (one student) \$35____ (2 or more stud) \$40____ **DATE PAID:** _____ **CHECK #/Other:** _____

Yearly Tuition: _____ Initials _____ Monthly Payments Agreed Upon: _____

<i>Amount Paid</i>	<i>Check#/CC Type</i>	<i>Date Paid</i>	<i>Entered by</i>	<i>Late Fee</i>	<i>Credits</i>
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Aug					
Sept					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					
Apr					
May					

I hereby release the Kingsport Ballet, its Artistic Director, Faculty and Volunteer Staff, Board of Directors and all 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. I understand that dance is a strenuous activity which may result in accidental injury.

Parent Signature _____ Date _____