

# Kingsport Ballet Student File

2022-2023

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>
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 \_\_\_\_\_