

## Russian Classical Ballet Academy Registration Form

Student's Name:	Sex: F / M (Circle one)
Age:	Date of Birth:
	Day      Month      Year

Parent's Name:			
Address:			
Street	Apt.	City	Postal Code
Home Phone:		Daytime Phone #:	
E-mail Address:			

### Studio Schedule:

1.		Day / week	Time
2.		Day / week	Time
3.		Day / week	Time

### Please Note:

**There are no refunds for missed classes.**

Time per Week: \_\_\_\_\_ Start Date: \_\_\_\_\_

How did you hear about our program?			
Newspaper _____	Friend _____	Flyer _____	Other _____
(Which One)			
Comments:			

Program Fee	Amount Paid	Paid On	Method

Date: \_\_\_\_\_ Signature: \_\_\_\_\_