

BALLET ARTS ACADEMY REGISTRATION FORM
 1620 Rodgers, Suite 3, Missoula MT 59802 Phone: (406) 549-3081

Last name: _____

All information is required. Please write legibly.

Student Information (complete a separate form for each student)

Student's Name (exactly as you want it to appear in our recital programs):	Age:
Student's Nickname (if any):	Birth Date:
Student's e-mail address (if any):	Student's Cell phone (if any):
Name of parent(s) or guardian(s):	Home Phone:
Street address:	City, State, Zip:
Parent e-mail (for newsletters and important information):	Parent cell phone (indicate whose):
Please list the names of any siblings also enrolled at BAA (households with 2 or more students receive a 10% discount):	
Emergency Contact #1 (name and phone number):	
Emergency Contact #2 (name and phone number):	

Classes

Class Title	Day and Time	Length of class
Are you paying by the month or by the semester?		
Tuition amount (from Tuition Schedule):		
Family Discount (if applicable):		
One-time Annual registration fee:		\$25
Amount included with this registration form:		

Please read carefully before signing:

I have read and understand Ballet Arts Academy's attendance, dress code, and tuition policies. I understand and agree that attending classes at Ballet Arts Academy is at my child's own risk and that Ballet Arts Academy and its staff are not responsible for any injury that might occur.

Signature: _____ Date: _____