

BALLET AT YOUR SCHOOL, INC.  
15715 S. DIXIE HIGHWAY, SUITE 213  
MIAMI, FL 33157

(305) 255-9905 ♦ FAX: (305) 255-9805

www.balletat yourschool.com ♦ Email: dance@balletat yourschool.com

NAME OF SCHOOL YOUR CHILD ATTENDS:

\_\_\_\_\_

**BALLET REGISTRATION FORM**

PLEASE FILL OUT AND MAIL WITH YOUR PAYMENT TO:  
BALLET AT YOUR SCHOOL, INC.

\*\*\*\*\*BALLET CLASSES ARE ONCE A WEEK FOR 45 MINUTES\*\*\*\*\*

**TUITION INFORMATION:** You will receive a monthly statement. THE TUITION IS DUE ON THE 1<sup>ST</sup> OF EACH MONTH. There is a \$25.00 fee for any returned checks. If payment is not received in this office by the 15<sup>th</sup> of the month, there will be a \$15.00 LATE PAYMENT FEE. Please mail your registration form and monthly tuition payment directly to: BALLET AT YOUR SCHOOL, INC.

**PLEASE DO NOT LEAVE YOUR PAYMENT AT YOUR CHILD'S SCHOOL!**

**WITHDRAWING YOUR CHILD:** If you wish to withdraw your child, you must contact the office of Ballet At Your School immediately.

**LEGAL HOLIDAYS AND SCHOOL CLOSURE DATES:** If there is a Legal Holiday or your child's school is closed, there will not be a make-up for this class.

THERE WILL ALSO BE NO REFUNDS FOR MISSED CLASSES.

**PERFORMANCE:** There will be a Performance in April or May. The date will be announced. All are invited to attend. There are no classes held on the day of the Performance. THERE WILL BE A NOMINAL PERFORMANCE AND COSTUME RENTAL FEE

**ATTIRE FOR BALLET:**

**PLEASE LABEL LEOTARD, BALLET LEATHER SHOES, AND BAG WITH YOUR CHILD'S NAME.**

**GIRLS:** PINK LEOTARD (SPAGHETTI STRAPS OR TANK TOP STYLE), WHITE SOCKS, PINK BALLET LEATHER SHOES WITH ELASTIC BAND.

**BOYS:** BLACK BICYCLE SHORTS, WHITE T-SHIRT, WHITE SOCKS, AND BLACK BALLET LEATHER SHOES WITH ELASTIC BAND.

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
*CHECK HERE IF THIS CHILD HAS PREVIOUSLY BEEN ENROLLED WITH US ( )*

STREET ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: ( ) MR. ( ) MRS. ( ) MS. ( ) DR.

\_\_\_\_\_  
MOTHER'S  
CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

FATHER'S  
CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

GUARDIAN'S CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

E-MAIL ADDRESS (PRINT CLEARLY):  
\_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CLASSROOM or COLOR DOOR: \_\_\_\_\_

CLASSROOM TEACHER: \_\_\_\_\_

PAYMENT ENCLOSED ( ) CHECK # \_\_\_\_\_

*Please write name of student and school on check memo line.  
PLEASE MAKE CHECK PAYABLE TO: BALLET AT YOUR SCHOOL*

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only Class # \_\_\_\_\_ Student # \_\_\_\_\_ Ballet Teacher \_\_\_\_\_