



STUDENT INFORMATION

New Student - Include \$60 Registration Fee Returning Student - Include \$50 Registration Fee

Due at initial enrollment and annually for all students in September.

Student Last Name	Student First Name	Student Date of Birth	
Street Address		City	State Zip Code
Student Email (Required for adult students)		Student Cell	
How did you hear about us? <input type="checkbox"/> Search Engine (Google/Bing/etc) <input type="checkbox"/> Yelp <input type="checkbox"/> Facebook <input type="checkbox"/> Friend <input type="checkbox"/> Other_____			

PARENT/GUARDIAN INFORMATION (For minor children)

Last Name	First Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Cell Phone
Employer	Employer Address	Work Phone	
Email (Required for minors)		Home Phone	
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Last Name	First Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Cell Phone
Employer	Employer Address	Work Phone	
Email		Home Phone	

EMERGENCY CONTACT INFORMATION (Required for all students)

Last Name	First Name	Cell Phone
Relationship to Student		<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone
The Undersigned agrees to indemnify and hold the SANTA CLARA BALLET SCHOOL, its Directors and Teachers harmless, and releases them from any and all liability for any injury which may be suffered by the above-named individual (registered student), arising out of or in anyway connected with any activity while in the premises. The undersigned and/or the registered student also agrees to abide by the policies and rules set by the SANTA CLARA BALLET SCHOOL.		OFFICIAL USE ONLY
		Registration Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Amount \$ _____
		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
		Date Received _____
Signature <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Student		Received by _____
Date		Class level or day/time attending:
