

cary ballet conservatory

summer 2015 registration form

Please PRINT clearly, registration confirmation will be sent via email.

Primary email: _____

Parent 1: _____

First Last

Address: _____

Street

City State Zip code

Phone: _____

home work cell

Secondary email: _____

Parent 2: _____

First Last

Phone: _____

home work cell

Student 1 information new student current student

Name _____ School _____ Grade _____

Age _____ Birthdate _____ Medical Condition: _____

MM / DD / YYYY

classes	day	time	2nd choice	office	tuition

Student 2 information new student current student

Name _____ School _____ Grade _____

Age _____ Birthdate _____ Medical Condition: _____

MM / DD / YYYY

classes	day	time	2nd choice	office	tuition

I have read the tuition policy and agree to the terms described.

Signature: _____ Date: _____

Last Name:

Student(s):