

BALLET & BODY Young Children's / Children's REGISTRATION FORM (2014-15)

Parent/Guardian Name _____
 (Last) (First) (Middle)

Home Address _____ Home Phone () - -

City _____ State _____ Zip _____ Cell Phone () - -

E-Mail _____

Parent/Guardian Name _____
 (Last) (First) (Middle)

Home Address _____ Home Phone () - -

City _____ State _____ Zip _____ Cell Phone () - -

E-Mail _____

Child's Name _____
 (Last) (First) (Middle)

Check One

Date of Birth _____ Male Female

Child's School _____ Grade _____

Caregiver's Name _____ Caregiver's Phone () - -

<u>Classes</u>	<u>Day</u>	<u>Time</u>

Registering for Full Year Semester (*Mommy 'n' Me* only) Summer Session Check One

Indicate Payment Type(s) below:

Check/Money Order (*Make payable to Ballet & Body*) Check # _____ Date _____ Amount _____

Visa MC DISC Card # _____ Exp _____ Amount _____

Cash PayPal Date of Payment _____ Amount _____

Parent/Guardian Signature _____ Date _____

Special Notes (for B&B staff use):