

CHILDREN'S DIVISION ENROLLMENT FORM 2010-2011

Please print clearly:

New Student Returning Student

Student's Name _____

Birthdate _____

Name of Parent/Guardian _____

Address _____

Apt. _____

City _____

State _____

Zip _____

Day Phone/Cell Phone _____

Evening Phone _____

Email _____

Child's School _____

*Parent/Guardian Signature (below) _____

Date _____

**Signature is required to acknowledge acceptance of the School's
schedules and policies.*

Please indicate payment method:

- Check (payable to Ballet School NY) Mastercard Visa
 I authorize my card to be charged at each new quarter.

Name on Credit Card _____

Credit Card # _____

Exp. Date _____

Signature _____

Sec. Code _____

CLASS (please check)

- | | |
|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Pre-Ballet I (Sat) | <input type="checkbox"/> Pre-Ballet III-B (Tues) |
| <input type="checkbox"/> Pre-Ballet I/II (Thurs) | <input type="checkbox"/> Ballet I |
| <input type="checkbox"/> Pre-Ballet II (Wed) | <input type="checkbox"/> Ballet II |
| <input type="checkbox"/> Pre-Ballet II (Sat) | <input type="checkbox"/> Ballet III |
| <input type="checkbox"/> Pre-Ballet III-A (Mon) | <input type="checkbox"/> Workshop |

TUITION PLAN (please check)

- Payment in full at time of enrollment
 Payment in full by 8/27/10 – 5% discount
 2 Equal Installments
 4 Equal Installments