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SUMMER CLASS REGISTRATION FORM

Please return form to: 799 Middlesex Road, Topsham, ME 04086 Or email to elizabeth@theballetschool.com

NAME OF STUDENT			
BIRTHDATE			
PARENT'S NAME			
PARENT S NAME			
A D D R E S S			
PHONE DAY	EVENING	CELL	
EMAIL			
2 , 2			
CLASS LEVEL / TIME(S) REQUESTED		

Tuition is due the first day of each summer session and pro-rated refunds will be honored during the FIRST WEEK only.

I agree to hold harmless The Ballet School, its owners, officers, and employees from and against any and all lia Sc Τυ

chool in-studio	or online classes. The Ballet	School is not resp	of or are related to my dancer attending Ballet not responsible for lost, damaged, or stolen property. late fee and interest at 1 ½%.			
			PARENT'S SIG			
] Photo Release -	- Please check this box if you perr	mit your child's image	e to appear in publicity and our website.			
	www.theballetschool.com	207.841.6669	info@theballetschool.com			