



Palo Alto Ballet School

**Youth Program Registration Form  
2016-17 Program Year**

**Please Print:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ home cell work

Secondary Contact Number: \_\_\_\_\_ home cell work

Email: \_\_\_\_\_

Emergency Contact (other than above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Student's General Health: \_\_\_\_\_

Student's School \_\_\_\_\_ City: \_\_\_\_\_

Grade: \_\_\_\_\_

Prior Ballet Training: \_\_\_\_\_

In order complete your student's registration, kindly submit the following:

- Placement class –(date completed \_\_\_\_\_)
- Liability waiver form -signed
- Media release form -signed
- Student contract -signed
- Tuition payment received (full or 1st payment)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_