

<b>Wasatch Ballet Conservatory Registration</b>			TODAY'S DATE
FAMILY'S LAST NAME		MOTHER'S NAME	FATHER'S NAME
HOME ADDRESS		CITY	ZIP CODE
HOME PHONE NUMBER		MOTHER'S CELL PHONE	FATHER'S CELL PHONE
CONTACT EMAIL		<input type="checkbox"/> We'd like to only be notified of specific information regarding my child's class.	<input type="checkbox"/> We'd like to be on WBC's general mailing list.
HOW DID YOU HEAR ABOUT WBC?		<input type="checkbox"/> Flyer on door	<input type="checkbox"/> Flyer in mail
<input type="checkbox"/> Internet <input type="checkbox"/> Newspaper		<input type="checkbox"/> Phone book	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Friend _____		<input type="checkbox"/> Other _____	
PAYMENT METHOD: <input type="checkbox"/> Monthly checks or cash <input type="checkbox"/> Monthly Autopay *See Studio Autopay Info Sheet			
CONTRACT AND AGREEMENT: I have read and understand the school's policies as outlined on the Policy Page. I understand that I am responsible for tuition payments. Also, in the event of an injury or accident, I release Wasatch Ballet Conservatory and staff from liability. I give permission for Wasatch Ballet to use images and video recording taken of my dancer at rehearsals and performances to be used for marketing purposes.			
_____ PARENT'S SIGNATURE			

<b>STUDENT #1</b>	STUDENT'S FIRST NAME:		STUDENT'S LAST NAME:		DATE OF BIRTH	
	STUDENT'S HOME PHONE		STUDENT'S CELL PHONE		STUDENT'S EMAIL	
	NEW TO WBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DOES STUDENT HAVE PREVIOUS DANCE EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	STUDIO NAME			YEARS OF STUDY		
	CLASS #1			CLASS #4		
	CLASS #2			CLASS #5		
	CLASS #3			CLASS #6		

<b>STUDENT #2</b>	STUDENT'S FIRST NAME:		STUDENT'S LAST NAME:		DATE OF BIRTH	
	STUDENT'S HOME PHONE		STUDENT'S CELL PHONE		STUDENT'S EMAIL	
	NEW TO WBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DOES STUDENT HAVE PREVIOUS DANCE EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	STUDIO NAME			YEARS OF STUDY		
	CLASS #1			CLASS #4		
	CLASS #2			CLASS #5		
	CLASS #3			CLASS #6		

<b>STUDENT #3</b>	STUDENT'S FIRST NAME:		STUDENT'S LAST NAME:		DATE OF BIRTH	
	STUDENT'S HOME PHONE		STUDENT'S CELL PHONE		STUDENT'S EMAIL	
	NEW TO WBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DOES STUDENT HAVE PREVIOUS DANCE EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	STUDIO NAME			YEARS OF STUDY		
	CLASS #1			CLASS #4		
	CLASS #2			CLASS #5		
	CLASS #3			CLASS #6		

<b>OFFICE USE ONLY</b>	
REGISTRATION FEE:	CDW:
MONTHLY TUITION:	LOGGED: