

Wasatch Ballet Conservatory Registration			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"/> Friend	<input type="checkbox"/> Phone book <input type="checkbox"/> Newspaper
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE 1	EMERGENCY CONTACT PHONE 2
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			
STUDENT #1	STUDENT'S FIRST NAME:		STUDENT'S LAST NAME:
	STUDENT'S HOME PHONE		STUDENT'S CELL PHONE
	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
	CLASS #1		CLASS #4
	CLASS #2		CLASS #5
CLASS #3		CLASS #6	DATE OF BIRTH
STUDENT #2	STUDENT'S FIRST NAME:		STUDENT'S LAST NAME:
	STUDENT'S HOME PHONE		STUDENT'S CELL PHONE
	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
	CLASS #1		CLASS #4
	CLASS #2		CLASS #5
CLASS #3		CLASS #6	DATE OF BIRTH
STUDENT #3	STUDENT'S FIRST NAME:		STUDENT'S LAST NAME:
	STUDENT'S HOME PHONE		STUDENT'S CELL PHONE
	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
	CLASS #1		CLASS #4
	CLASS #2		CLASS #5
CLASS #3		CLASS #6	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	
OFFICE USE ONLY			
REGISTRATION FEE:		SD:	
MONTHLY TUITION:		LOGGED:	