

# R.I. BALLET ARTS ACADEMY

Director: Nancy McAuliffe  
401-847-5301 Primary 401-261-7943 Alternate

## CLASS REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (notices will be sent)

Parent's Names: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Name and Tel #)

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

Level of Experience: \_\_\_\_\_

Classes Desired: \_\_\_\_\_

Lessons Per Week: \_\_\_\_\_

Originally Found Out About Our School From Which of the Following? (Please Check One):

\_\_\_\_\_ Personal Referral or Reputation    \_\_\_\_\_ Ad    \_\_\_\_\_ Yellow Pages  
\_\_\_\_\_ Sign Outside or Window    \_\_\_\_\_ Internet    \_\_\_\_\_ Other, How? \_\_\_\_\_

Registration Fee: \$15 per student, \$25 per family; \$35 per family (3 or more).

Enclosed Amount: \_\_\_\_\_

Please indicate by signing below that the registration information is correct and you understand our posted school policies.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_