## THE BOX DANCE STUDIO

## **ENROLLMENT FORM**

Student Name:		Age at time of Enrollment:			
Street:					
City:		State:		Zip Code:	
Home Phone: ( )		E-ma	E-mail:		
Parent/Legal Guardian/Emer					
Emergency Phone: Day (	)	Eveni	ng (	)	
Birth Date://					
Consecutive years of ballet t	raining: Are	you on pointe?	Yes	No	How Long?
Are there any allergies or ph	ysical/psychological	conditions we s	should kno	w about? If s	so please describe:
	How d	id you hear abou	ıt us?		
_	☐Groupon ☐Word of mouth		☐ Yellow <sub>]</sub> ☐ Google:	pages.com	□Other
	Merchant Circle		☐ HotFrog	-	
	I	Personal Release			
I am enrolling my child/self in cla agree that I will not hold John We liable for any injury or illness, or t child's enrollment and/or participa	lch, The Box Dance Stud for the loss or destruction	dio employees, The n of any personal pr	JohnC Art Is coperty that r	Ballet, The Hartf may occur during action.	el Foundation, or volunteer
		Media Release			
I understand that photographers ar classes, rehearsals, coaching session		ay sometimes be pr	esent photog	raphing or filmi	ng Hartfel Foundation
I give my permission for resulting Hartfel Foundation for promotion					r media.
Please check this box if you do not JohnC Art Ballet). Your informat	<del>_</del>	•		_	
Tuition is due the first lesson of ea Admission is prioritized by senior Conditions of Enrollment" and ha	ity and date of paid regis	stration. By signing	g I also ackno	wledge receipt	of the "Terms and
(Student's Signature)		_		(Date)	
(Parent/Guardian Signature)		_		(Date)	