

Briarwood Ballet

Current Student Registration

PLEASE PRINT - *One student per form, please. Duplicate as needed.*

For office use only:

date	Check #	amt
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Student's Name: _____ Prefers to be called _____ Mom's name _____

Academic School: _____ Grade 2019-20: _____ homeschooled? _____

Home Phone: () _____ Mom's Cell Phone: () _____

Do not list parent cell phone or email below, only student's (if available) where indicated.

Student's Cell Phone: () _____ Student's E-mail: _____

CLASS SELECTION	Class Code (i.e. G2B)	Day/Time	Priority (i.e. day, time, teacher, carpool, etc.)	Sibling's Class Choice
First Choice				
Second Choice				
Third Choice				
TAP or ELECTIVE Class				

Please initial beside each statement to indicate you have read and understood it.

_____ I understand that the class(es) I have chosen for my child run(s) the entire school year from August until their final program in April or May and that our commitment is for the entire school year.

_____ I understand that if I have not withdrawn my child by October 31, 2018, that I am financially responsible for tuition for the remainder of the year and I will not receive any costume ordered if account is not cleared.

IMPORTANT – BELOW, please update ONLY any information THAT HAS CHANGED in the last year.

Church: _____ Denomination: _____

Briarwood Ballet communicates almost exclusively by email. You may update your email address through your Studio Director account, or we can update it for you. If you have changed your email address in the past year, please update it below.

- Mother/Guardian -

- Father/Guardian -

Mailing Address	Mailing Address
Place of Employment	Place of Employment
Home Phone – with area code	Home Phone– with area code
Work Phone – with area code	Work Phone – with area code
Cell Phone/Pager – with area code	Cell Phone/Pager – with area code
Mom's Email	Dad's Email

List ONLY medical information that is new since last year.

Describe any injuries or surgeries in the last year _____

Does student have any newly diagnosed allergies? _____

Any presently existing or persistent condition/infection? (i.e., asthma, bursitis, etc.) _____

Please list any new medications student is currently taking _____

Any emotional stress or mental/behavioral conditions? _____

Any other information we should be aware of? _____

Please complete this form and bring with you along with a \$50 registration fee when you register.