

Cuizon Ballet Centre Registration

Student Information

Mailing Student's Name: _____ Date of Birth: _____

Address: _____

City/Zip: _____

Primary Phone: _____ Phone(2): _____

Email Address: _____

Parent/Guardian: _____

Emergency Phone Numbers: _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies

___ I/we understand my billing obligations

___ I/we understand the dress code

___ I/we understand the schedule

___ I/we understand the attendance policy

___ I/we understand the risks related to physical exercise and dance

___ I/we understand my responsibilities for my property

___ I/we understand that all payments are ***NON-REFUNDABLE and NON-TRANSFERABLE***

Signature / Responsible Party _____ Date _____

Level: _____ Number of classes per week: _____

Total monthly tuition: _____