

R.I. BALLET ARTS ACADEMY

Director: Nancy McAuliffe
401-261-7943

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: _____