



Ballet Arts Primary Program Enrollment Form

Dancer's Name: _____

Birth Date: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email Address: _____

Permission to Text: Yes No

School: _____ Grade: _____

Dance School: _____

Prior to this year, number of years of classical ballet: _____

T-Shirt Size: YS YM YL YXL AS AM

Allergies: _____

Payment Options:

___ one payment of \$360.00 (with form submission)

___ two payments of \$180.00 (first with form submission; second by Nov. 8, 2024)

Parent Signature _____ Date _____