

Cary Ballet Conservatory 2009-2010 registration form

Non-Refundable Annual Registration Fee - \$30 (additional family members \$15 each)

Please PRINT clearly

Address: _____
 Street

 City State Zip

Parent 1 _____
 First Last

Home Phone	()	Mobile	()
Work Phone	()	E mail	

Parent 2 _____
 First Last

Home Phone	()	Mobile	()
Work Phone	()	E mail	

Student 1 Information (Leotard size:_____ Jazz Top size:_____)

1. Name _____ School _____ Grade _____
 Age _____ Birth date _____ Medical Condition? _____
 MM/DD/YY

Classes	Day	Time	2 nd Choice	Office use	Tuition

Student 2 Information

2. Name _____ School _____ Grade _____
 Age _____ Birth date _____ Medical Condition? _____
 MM/DD/YY

Classes	Day	Time	2 nd Choice	Office use	Tuition

Last Name:

Student(s):

SIGNATURES

Permission for your child to be recognized in CBC related photographs, newspaper articles, ads, etc. _____

I have read the tuition policy and agree to the terms described _____