

## TMB Ballet

### Student enrollment form (2019-20)

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ email \_\_\_\_\_

Mother's Name \_\_\_\_\_ cell \_\_\_\_\_

Father's Name \_\_\_\_\_ cell \_\_\_\_\_

Last Ballet School \_\_\_\_\_ How long? \_\_\_\_\_

How many years of previous training? \_\_\_\_\_ Pointe work? \_\_\_\_\_

I am dancing for: Enjoyment \_\_\_\_\_ Professional Aspirations \_\_\_\_\_

Any physical handicaps we need to be aware of? No \_\_\_ Yes \_\_\_ If yes, please explain:

\_\_\_\_\_

Have you been cleared by your doctor for this activity? \_\_\_\_\_

Academic School \_\_\_\_\_ Grade \_\_\_\_\_

I agree that my child's photo may appear on the RMF/TMB Ballet website Yes No

I agree that my child's photo may appear in print ads for the RMF/TMB Yes No

I agree that my child's photo may appear on the TMB social media page Yes No

How did you hear about the studio? Website \_\_\_\_\_ Other \_\_\_\_\_

Referral \_\_\_\_\_ Referral's name \_\_\_\_\_

**In case of an emergency, please list a contact person**

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Office Use Only**

Start date \_\_\_\_\_ Class level \_\_\_\_\_ Teacher \_\_\_\_\_

	Ballet	Time(s)
Tues		
Wed		
Thurs		
Fri		
Sat		