

Rose Marie Floyd Studio of Dance/TMB Ballet

Student enrollment form (2016-17)

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 facebook 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)	Jazz
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			