

ENROLLMENT APPLICATION

Name _____

Address _____

Age _____ Date of Birth ____/____/____
(if 18 or under)

Mother's name _____ Home phone _____
Address _____ Work phone _____

Father's name _____ Home phone _____
Address _____ Work phone _____

e-mail? _____

In the event of an emergency a person to be contacted is:

Name _____ Relationship _____

Ph # _____

Safety of the student is of prime importance. However, accidental injuries sometimes occur. *Ballet with Becky* will not be legally responsible for accidental injuries which occur during class.

If necessary, Becky Pfarrer is authorized to seek emergency medical treatment by a licensed physician/hospital for _____.

SIGNATURE OF PARENT _____
or GUARDIAN

Signature of student if 18 or older

TODAY'S DATE _____