

# Pre-Ballet and Ballet Dance Program

by Mrs. Isora Delmas of **Florida Dance**

## STUDENT REGISTRATION FORM



Child's Name \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone# (\_\_\_\_\_) \_\_\_\_\_ Parent's Cell# (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Mark your selection on the line provided.**

\_\_\_\_ **Pre-Ballet: Tuesdays @ 3:30-4:30 p.m.**      **Grades: Jr. Pre-K - K**

\_\_\_\_ **Ballet: Tuesdays @ 4:30-5:30 p.m.**      **Grades: 1st - 4th**

**START DATE:** September 12th

**ANNUAL REGISTRATION FEE:** *Waived*

**QUARTERLY FEE: \$160.00** (*Registration and payment due by September 6th*)

- Fees due in advance on *September 6th, November 10th, February 2nd and April 28th*
- Payments accepted through **CREDIT CARDS ONLY** (*Credit Card Authorization Form required*).

### DISCLAIMER

I hereby register my child for **BALLET LESSONS** offered by **FLORIDA DANCE**. I hereby certify that my child is physically and mentally capable of participating in this kind of strenuous physical activity. I fully release Highpoint Academy, Inc., its Owner, Directors, Employees and/or volunteers and Florida Dance, its instructors, authorized agents, members, and/or authorized guests, from any and all claims of injuries, accidents, and/or losses I may receive or sustain while learning, practicing, or performing dance movements and techniques during this optional Extra-Curricular activity. I understand that fees paid are non-refundable.

**Name of Parent/Legal Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UNIFORM REQUIRED:** (*Purchase separately*)

**Jr. PK, VPK and Kinder:**

*Pink leotard  
Pink tights  
Pink skirt  
Pink ballet shoes*

**1st thru 4th Grade:**

*Black leotard  
Pink tights  
Black skirt  
Pink ballet shoes*