

# Columbia Ballet School

Anita Ashley, Founder and Artistic Director

132 Gills Creek Parkway  
Columbia, SC 29209  
803.783.5258

## Registration for Summer 2009

Date rec'd: _____
Processed by: _____
Reg fee: _____
Tuition rec'd: _____
Check/receipt #: _____

Student Name First		Last	
Mother Name First		Last	
Father Name First		Last	

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Student's Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Mother Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Father Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Bills Sent to ( \_\_\_\_\_ Student) ( \_\_\_\_\_ Mother) ( \_\_\_\_\_ Father) Mother's Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Father's Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Public/Private School Attending \_\_\_\_\_ Student's Birthday \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Class 1 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Studio \_\_\_\_\_

Class 2 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Studio \_\_\_\_\_

Class 3 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Studio \_\_\_\_\_

Class 4 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Studio \_\_\_\_\_

**I do hereby release the Columbia Ballet School; the owners of the premises where the dance education classes take place; or any auxiliary staff from any liability in connection with the said dance education classes.**

**I allow my child's likeness to be used in promotional literature, including photographs on the website.**

**I aver and declare further that I/my child is in good health and can participate in physical activities, namely dance education and exercise classes. My physician, named on this form, is aware of my/my child's participation in these classes and has given his/her permission for me/my child to participate. Given the nature of any physical education, classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health, or hospitalization insurance which would cover any sustained injury.**

- ❖ **A written notice of withdrawal from the class must be given at least 2 weeks prior to withdrawing or you will be responsible for the full tuition for that month.**
- ❖ **Credit will be given for missed classes if arranged in advance.**
- ❖ **A \$10.00 late fee will be added on the 11th day of each month on all overdue accounts.**
- ❖ **Returned Check Fee: \$25.00 will be added to your account for all returned checks.**
- ❖ **A registration fee of \$35 is required for all new students.**

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