

MAPLE VALLEY SCHOOL OF BALLET

Class Registration 2009/10

New students please fill out completely.

Returning students please fill out fields with an asterisk, as well as any information that may need to be updated.

*Students Name _____

*Age _____ *Birth Date ___/___/___

Home Phone _____

Mother's name _____

Mother's work phone _____ cell phone _____

Email Address _____

Father's name _____

Father's work phone _____ cell phone _____

Email Address _____

Mailing Address _____

Street/ PO Box _____ City _____ Zip _____

Emergency contact Name _____ Phone _____

Health concerns _____

* I am registering for:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Creative Ballet A
Tuesday 3:30-4:15 | <input type="checkbox"/> Level 1 | <input type="checkbox"/> Nutcracker Level 5/6
(Sept. – Dec.) |
| <input type="checkbox"/> Creative Ballet A
Monday 10:15-11:00 | <input type="checkbox"/> Level 2 | <input type="checkbox"/> Nutcracker Level 2/4
(Sept. – Dec.) |
| <input type="checkbox"/> Creative Ballet B
Monday 9:30 - 10:15 | <input type="checkbox"/> Level 4 | <input type="checkbox"/> Nutcracker Level 1
(Sept. – Dec.) |
| <input type="checkbox"/> Creative Ballet B
Wednesday 3:30-4:15 | <input type="checkbox"/> Level 5 | <input type="checkbox"/> Composition (Jan-June) |
| <input type="checkbox"/> Pre Ballet A | <input type="checkbox"/> Level 6 | <input type="checkbox"/> Modern A (Jan-June) |
| <input type="checkbox"/> Pre Ballet B | <input type="checkbox"/> Parent/Child | <input type="checkbox"/> Modern B (Jan-June) |
| <input type="checkbox"/> Home School Dance | | <input type="checkbox"/> Teen Beginning Ballet (Jan-June) |

*I consent to allow images of my child to be used for promotional purposes (website, recital posters, print ads, etc.) Yes No

*Signature of Parent / Guardian _____ Date: _____

Please mail completed and signed registration form and a check for the first month's payment to:

Maple Valley School of Ballet
PO Box 1408
Maple Valley WA 98038