

**MAPLE VALLEY SCHOOL OF BALLET**  
**Class Registration 2011/12**

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 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**

Please Write Down Which Classes You Are Registering For,  
Including Day and Time for Creative, Pre Ballet, and Level 1
