

**Kingsport Ballet
Student File**

Fall 08

Last Name _____ **Home Phone** _____

Mother's name _____ **Father's name** _____

Address _____ **City,St.,Zip** _____

Work phone _____ **Cell phone** _____ **Pager** _____

E-mail address _____

Emergency Contact: Name _____ **Phone** _____

Special Information: _____

#1 Student _____ **Ballet Level** _____
Birthdate _____ **Years of Study** _____
Classes _____

#2 Student _____ **Ballet Level** _____
Birthdate _____ **Years of Study** _____
Classes _____

#3 Student _____ **Ballet Level** _____
Birthdate _____ **Years of Study** _____
Classes _____

Registration Fee \$25/\$35: Date Paid _____ **Check #** _____ **Initials** _____
Tuition per Month \$ _____

<u>Amount Paid</u>	<u>Check #</u>	<u>Date Paid</u>	<u>Entered by</u>	<u>Late fee</u>	<u>Credits</u>
Aug. _____	_____	_____	_____	_____	_____
Sept. _____	_____	_____	_____	_____	_____
Oct. _____	_____	_____	_____	_____	_____
Nov. _____	_____	_____	_____	_____	_____
Dec. _____	_____	_____	_____	_____	_____
Jan. _____	_____	_____	_____	_____	_____
Feb. _____	_____	_____	_____	_____	_____
Mar. _____	_____	_____	_____	_____	_____
Apr. _____	_____	_____	_____	_____	_____
May _____	_____	_____	_____	_____	_____

I hereby release the Kingsport Ballet, its Artistic Director/Ballet Mistress, Board of Directors, Faculty and volunteer staff and all of its contractual employees and agents from any and all claims that may result from my or my child's participation in the programs of the Kingsport Ballet.

Parent Signature _____ **Adult Student Signature** _____