## **Main Street Ballet Center Registration (PreK through Level 5)**

Guardian First Name		Last Name:
Note: If your o	contact information (sect	tion 1) has not changed, skip to section 2!
Phone:	Cell #:	Work #:
:		
2 First Name:	Last 1	Name:
Phone:	Cell #:	Work #:
:		
Address:		
	State:	Zip:
gency Contact Name &	2 Phone (Not Parent):	
nt's First Name:	Last 1	Name:
Date:	School Grade	). /•
nt Email:		
al/Allergies Information	on:	
r Name/Phone:		
es (Level/Type/Day/Ti	me)	
s #1:		Class #2:
s #3:		
icies		
gistration/insurance fee:	-	amily, due in September.
Options: (choose one)		d set a
		•
-		
ill not be allowed to retu		
n or check payments receiv		
	Phone:  2 First Name:  Phone:  Address:  Allergies Information of the part of the pa	Note: If your contact information (section of the property of

☐ I've read the above and my signature shows my acceptance of these terms: \_\_\_\_\_