



Santa Clara Ballet School

3086 El Camino Real, Santa Clara, CA

Tel. (408) 247-9178

Fax (408) 248-3997

WWW.SANTACLARABALLET.COM

STUDENT REGISTRATION FORM *Due at time of first enrollment and annually for all students on September 1st*

Today's Date:

Student's Last Name

Student's First Name

Birth Date:

New Student

Include \$50 Annual Registration Fee

Returning Student

Include \$40 Annual Registration Fee

Mother/Guardian last name:

First Name

Father/Guardian last name:

First Name:

(for Minor Children) Child lives with: Both Parents Mother Father Guardian

Home Address:

EMAIL ADDRESS:

Cell
Phone

Home
Phone

Parent/Guardian Business Address

Company Name

Work
Phone

EMERGENCY CONTACT (not living at same address)
Name:

Cell
Phone

Work
Phone

Home
Phone

Relationship
to Student

The Undersigned agrees to indemnify and hold the SANTA CLARA BALLET SCHOOL, its Directors and Teachers harmless, and releases them from any and all liability for any injury which may be suffered by the above-named individual (registered student), arising out of or in any way connected with any activity while in the premises. The undersigned and/or the registered student also agrees to abide by the policies and rules set by the SANTA CLARA BALLET SCHOOL.

Official Use ONLY:

Registration Paid: Y N

Registration Received

Date: _____

Payment Type: Cash

Check #

Student/Parent/Guardian signature

Parent Guardian Student

DATE