

# Baggs Studio of Ballet Registration Form

Student(s) Name

Home Address  Tel. No.

City/State  Zip Code

Student's DOB  Current School & Grade

Mother's Name  Employer  Bus. Tel

Home Address (if different)  Cell No.

Father's Name  Employer  Bus. Tel

Home Address (if different)  Cell No.

Marital Status of Parents: Married  Divorced  Separated  Other

Student Lives With Parents  Mom/Step Dad  Dad/Step Mom  Other

E-mail Address

Text Number

What is the most reliable way to contact you? Cell  Bus. Tel  E-mail  Text

Person(s) and Telephone Number(s) other than parents authorized to pick up student:

Please list anyone that is **ABSOLUTELY NOT** authorized to pick up your child:

Person(s) to notify in case of emergency if parents cannot be reached:  
Name  Relationship  Tel No   
Name  Relationship  Tel No

List any physical conditions that we should be aware of:

I acknowledge receipt of the registration information and agree to the financial terms and responsibilities explained. I release the Baggs Studio of Ballet, its owners and employees from all liabilities and responsibilities.

Signed,

Date

CLASS ASSIGNED   
DATE ENROLLED

FEE  NEW RETURNING