



SUNNYSIDE BALLET STUDIO

Address: 46-01 Greenpoint Ave. Sunnyside NY 11104 Phone: 646 831-0943
www.sunnysideballet.com Email: sunnysideballet@gmail.com

SUNNYSIDE BALLET STUDIO REGISTRATION FORM

Student Information

Student Name _____ Birth Date _____

Parent Name _____ Age in Years _____ months _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Parent Email _____

Emergency Contact _____ Phone _____

Relationship to Student _____

Medical Conditions or allergies we should know? _____

If your child were to appear in a group or individual photo take on our premises are we free to use it for advertising purposes? Yes _____ No _____

Medical Information: Doctor _____ Phone _____

Insurance Company _____

Class Information

1st Class level _____ Day & Time _____

Teacher(s) _____ Tuition _____

2nd Class level _____ Day & Time _____

Teacher(s) _____ Tuition _____

Discount (circle): Full year one time payment - 5% off, Siblings 10% off, Multiple classes - 10% off

Missed classes can be made up by making appointment via email. Maximum of SIX make-ups are allowed per year. Make-ups can not be carried over to a new year.

Payment Information

TUITION PAID IN FULL(MONTHLY OR YEARLY) IS DUE THE FIRST DAY OF CLASS.

Checks should be made payable to SUNNYSIDE BALLET

Send to : 46-01 Greenpoint Ave. 2C Sunnyside NY 11104

Payment Option (circle): Full Year (5% off), Monthly(10 payment)

Credit card option circle : VISA, MASTER, AMEX # _____

Exp _____ Sec # _____ ZIP Code _____

Waiver of liability, Medical Authorization

You hereby agree to waive any claims or rights that you might otherwise have to sue us (Sunnyside Ballet LLC), our employees or owners for injuries that may occur as a result of any activity conducted at Sunnyside Ballet. You assume all liability and risk. If injury should occur to the above named while participating in any Sunnyside Ballet activity, I hereby authorize Sunnyside Ballet to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Parent / Guardian's Signature _____ Date _____