



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 taken 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 by July 31st 2017 (10% off), as of August 1st (5% off), Siblings 10% off (graded ballet program siblings 15% 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 by July 31st (10%off) as of August 1st (5% off), Monthly(10 payments)

Credit card option(3% fee) 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 \_\_\_\_\_