

Ballet & All That Jazz

Ranelle W. Flurie, Director

18703 Crestwood Drive

Hagerstown, MD 21742

797-2100

APPLICATION FOR REGISTRATION

Student's Information

Student's name: _____ Phone: (____) _____

Address: _____ Email _____

City/Town: _____ State: _____ Zip: _____

Medical Condition: _____ Excellent _____ Other Explain medical condition in detail:

Student's nickname: _____ Birthdate: _____ male _____ female _____

Parent/Guardian's Information

Parent/Guardian name: _____ Email: _____

Home phone (____) _____ Cell (____) _____ Work (____) _____

Address: _____ (if same as student's indicate "Same")

City/Town: _____ State: _____ Zip: _____

Previous Dance Instruction

Returning student: _____ New student: _____, if a new student please indicate previous dance instruction (e.g., ballet, Pointe, jazz) and name and location of the school.

Name of school: _____ Location: _____

Type of instruction: _____ Length of study: _____

We have read the enclosed policy sheet and agree to the terms stated.

Date

Parent or Guardian

