



SUNNYSIDE BALLET STUDIO

Address: 49-02 Queens Blvd 4th floor

Woodside, NY11377 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 _____

Payment Information

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

Tuition: Full Year payment (10 months) - by July 31st (10%off), as of August 1st (5% off)

Monthly (10 payments) - Both first month and last month tuition must be paid

Sibling discount available (5% off for 2nd child)

Fees: Nutcracker Production fee: \$50(primary level), \$60(Level 1-6) per family is due September 1st

Recital costume & Production fee: TBA due in January

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.

Checks should be made payable to SUNNYSIDE BALLET

VISA, MASTER, AMEX # _____

Exp _____ Sec # _____ ZIP Code _____

Waiver of liability, Medical Authorization

I 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 _____