



BROOKE DESNOËS
BALLET ACADEMY

2020 REGISTRATION FORM

Name of Student _____
Date of Birth (mm/dd/yy) _____ Age _____ Gender _____
Dance Class Level _____ SENIORS DANCE FOR WELLNESS _____
Day(s) THURSDAYS JANUARY 23 to FEBRUARY 27 Time(s) 4:15 to 5:00 _____

Parent / Guardian Name(s) _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email Address* _____

*Print Clearly. Confirmation of enrollment and important program details will be sent via email.

Registration Fee: \$20.00 per person / \$30.00 per Family

Tuition Rates per Student: 45 minutes / week \$90.00 for a 6 week session.

I understand that there are no refunds for the registration fee. I also understand that the first tuition payment and registration fee are due at the time of registration.

Parent / Guardian Signature _____ Date _____