

**Rose Academy of Ballet 2014/2015 Registration Form**  
[racademyofballet@gmail.com](mailto:racademyofballet@gmail.com) [www.roseacademyofballet.com](http://www.roseacademyofballet.com)  
(718)520-0207

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone#(\_\_\_\_) \_\_\_\_\_ Mobile #(\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Office# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Office# \_\_\_\_\_

Email Address \_\_\_\_\_ (Please print clearly)

Caregivers Name and Phone # \_\_\_\_\_

Medical Conditions (Including food allergies) \_\_\_\_\_

Emergency Contacts (Name and Phone Number) \_\_\_\_\_

School your child will attend in the fall \_\_\_\_\_

If you are signing up with friends, please list their names \_\_\_\_\_

\_\_\_\_\_

Day and Time of Class 1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Tuition \_\_\_\_\_ + Registration Fee \$25 = Total Enclosed \_\_\_\_\_

**Form of Payment**

Check \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_

**How did you find us?**

Internet Search \_\_\_\_\_ YP.Com Ad \_\_\_\_\_ Queens Mamma's Ad \_\_\_\_\_

Personal Referral \_\_\_\_\_ Please list if "other" applies \_\_\_\_\_

