



**New Student
Registration Form
2023/2024**

Student Information – fill out all applicable information

Student's Name: _____ Employer: _____
 Address: _____ Occupation: _____
 City: _____ Cell Phone: _____
 State: _____ Zip: _____ Race: _____
 Email: _____ Gender: M ___ F ___ Other _____

Please complete this section for students under 18 years of age:

Date of Birth: ____/____/____ Age: _____
 Academic School Name: _____ Academic Grade: _____
 Guardian 1 Name: _____ Guardian 2 Name: _____
 Cell Phone: _____ Cell Phone: _____
 Employer: _____ Employer: _____
 Occupation: _____ Occupation: _____
 Best Contact Name & Phone # for Class cancelations/changes: _____

Medical Information

Pertinent Medical Information (allergies, medications, injuries etc): _____

Emergency Contact (Guardian's Name) _____

Home Phone: _____ Work: _____ Cell: _____
 Secondary person other than guardian: Home: _____ Work: _____ Cell: _____

In the event that any serious injury shall occur involving the student, I wish for Ballet RI supervisory personnel to take appropriate steps to notify me immediately, but if I am unavailable for any reason, I authorize whatever medical attention is deemed appropriate for the student.

Guardian Signature: _____ Date: _____

Class(es) Registering for:

- Full Load Core Ballet Program Level: _____
 In person

Please list all classes below if not registering for a Full Load Core Ballet Program:

Class	Day	Time

