

**BASICALLY BALLET STUDIO  
REGISTRATION FORM**

**STUDENT INFORMATION:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
Last Name First Name

**ADDRESS:** \_\_\_\_\_  
(Street) (Town) (Zip Code)

**PARENT INFORMATION:**

**MOTHER:** \_\_\_\_\_ **FATHER:** \_\_\_\_\_

**WORK #** \_\_\_\_\_ **CELL #** \_\_\_\_\_ **WORK #** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PREVIOUS TRAINING:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_ **Registration Date:** \_\_\_\_\_

**Class Choice:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Class Choice:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**At Enrollment, please submit the Registration fee.**