

**Wake Forest University Community Ballet  
Registration Form**

Fall 2007 \_\_\_\_\_

Spring 2008 \_\_\_\_\_

**STUDENT INFORMATION:**

Check one:                      New Student        \_\_\_\_\_              Returning Student        \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

NAME PREFERRED TO BE CALLED \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

LIST PREVIOUS CLASSES OR INSTRUCTION IN CLASSICAL BALLET:  
\_\_\_\_\_

ANY INFORMATION REQUIRING OUR SPECIAL ATTENTION OR CARE:  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

NAME \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_

CELL NUMBER (OPTIONAL) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE NUMBER \_\_\_\_\_

*I understand that the instructor and the University Dance Program are not responsible for personal injury or accident resulting from participation in the Community Ballet Program at Wake Forest University.*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Check class(es) attending:**

- |     |                              |                 |                         |                                     |
|-----|------------------------------|-----------------|-------------------------|-------------------------------------|
| ___ | <b>Ballet 1 &amp; Pointe</b> | <b>Tuesday</b>  | <b>6:45-8:15pm</b>      |                                     |
| ___ | <b>Ballet 1 &amp; Pointe</b> | <b>Saturday</b> | <b>12:00-1:30pm</b>     |                                     |
| ___ | <b>Ballet 2</b>              | <b>Thursday</b> | <b>5:30-6:45pm</b>      |                                     |
| ___ | <b>Ballet 2 &amp; Pointe</b> | <b>Saturday</b> | <b>10:45 am-12:00pm</b> |                                     |
| ___ | <b>Ballet 3</b>              | <b>Tuesday</b>  | <b>5:30-6:45pm</b>      |                                     |
| ___ | <b>Ballet 4</b>              | <b>Thursday</b> | <b>4:30-5:30pm</b>      |                                     |
| ___ | <b>Ballet 5</b>              | <b>Tuesday</b>  | <b>4:30-5:30pm</b>      | <b>6 or 7 years old</b>             |
| ___ | <b>Ballet 6</b>              | <b>Saturday</b> | <b>10:00-10:45am</b>    | <b>5 years old, in Kindergarten</b> |

Number of classes attending per week:    One \_\_\_\_\_              Two \_\_\_\_\_              Three \_\_\_\_\_

**Return this form with a \$25.00 non-refundable registration fee to WFUCB, PO Box 7264, Winston-Salem, NC 27109**