

2017–2018 REC WEST REGISTRATION FORM

ID# Office use only _____

Student's Name: _____ Birth Date: _____

Address: _____ Age: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ E-Mail: _____

Previous training: _____ (# yrs.) Where: _____

Circle days you will attend: M T W T F

Total Number of classes you will take per week: _____ Level you are applying for: _____

Mother's Name: _____

Employer: _____ Phone: _____

Father's Name: _____

Employer: _____ Phone: _____

PAYMENT (MAKE ALL CHECKS payable to DPAA)

Registration fee \$ _____ Tuition \$ _____ Total \$ _____

I wish to pay by credit:

Visa MC Account #: _____

Exp. Date: _____ 3 digit CVV: _____

Parent's Signature: _____

I give permission for photographs or television footage that includes my child to be used for promotional purposes on television or in newspapers, magazines or any other media.

Parent's Signature: _____

- **The Dayton Ballet School is not responsible for illness or injuries.**
- **Dayton Ballet School has a NO-REFUND POLICY.**

For information regarding classes at all locations, contact CAROL JEAN HELLER, SCHOOL ADMINISTRATOR, at (937) 223-1542 or cjheller@daytonperformingarts.org

Mail this completed registration form with fee to DAYTON BALLET SCHOOL, 140 N. MAIN ST., DAYTON, OHIO 45402