

NEW ELITE BALLET ACADEMY

Registration / Tuition Form

Date: _____

School year _____

Enrollment Level

____ Beginner

____ Intermediate I

____ Intermediade 2 / Advanced

Registration Fee: _____

Tuition: _____

Sibling Discount: _____

Credit Card fee 3%: _____

Total: _____

Registration fee and tuition payments are non-refundable.

Student details:

Name _____

Age _____ DOB _____

Phone _____

Address _____ City _____ State _____ ZIP Code _____

Primary Email _____

Parent or Legal Guardian Name _____ Mobile Number _____

Parent or Legal Guardian Name _____ Mobile Number _____

Emergency Contact _____ Mobile Number _____

Student Signature
Signature

Parent/Legal Guardian

345 Post Road West, Westport, CT06880
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