

CBC

California Ballet Conservatory

Student First Name: _____ Last Name: _____

Academic School & District: _____

Date of Birth: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____

Contact Email: _____

Parent's First Name: _____ Last Name: _____

Parent's Cell: _____ Email: _____

Parent's First Name: _____ Last : _____

Parent's Cell: _____ Email: _____

Current or most recent dance studio: _____

How many years of ballet training? _____ If on pointe, for how long? _____

.....
Level/Group Approved for: _____ Additional Class(es): _____ Sibling Discount? _____

Monthly fee: _____

Please note: An annual studio year registration fee of \$25 is due with first monthly payment/registration.

California Ballet Conservatory classes are open to all students meeting minimum age requirements. CBC accepts students without regard to race, sex, religion or national origin. CBC reserves the right to cancel or reschedule any classes not meeting minimum enrollment requirements. Students will be notified of any cancelled or rescheduled classes. Registered student (and family) agrees to abide by all CBC policies, as set forth in the Student Handbook, available online at www.californiaiballetconservatory.com. CBC assumes no responsibility for any accident or injury to the student in any CBC class, function or event.

Registered student also consents to the use of photographic or video graphic images for CBC publicity purposes. Parent/Guardian Signature: _____

_____ Date: _____