

# Registration Form



Complete the form and use fax/mail/drop-off with payment information to  
125 Northeastern Blvd Nashua, NH 03062 Ph: 603.882.0011 Fax: 603.882.1811

Student Name \_\_\_\_\_

Student DOB (m/d/y) \_\_\_\_\_ Student Age as of 9/1/2007 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street State Zip Code  
Phone with area code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Mother Contact ph: \_\_\_\_\_ Father Contact ph: \_\_\_\_\_

Previous Training  Yes  No

If yes, how long have you studied? \_\_\_\_\_ Where \_\_\_\_\_

Do you have any physical problems or allergies the school be aware of?  Yes  No  
If Yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the class (es) would you like to attend:  
\_\_\_\_\_  
\_\_\_\_\_

Gate City Ballet & Dance Center and its faculty are not liable for any injury and do not assume responsibility for the loss or damage to any personal property. Each student is responsible for informing the instructor of any physical limitations which may prevent full participation in any class.

No Refunds or Credits will be given for any missed class.  
Gate City Ballet & Dance Center requires a \$25.00 registration fee during enrollment with 1st month's tuition paid in full. All tuition is due no later than the first of the month. See Tuition guidelines for additional information.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_