

Location:_____

Class Session:_____

Level:_____

Ballet Academy in Lincoln Park

(312) 404.3354

Balletacademy@gmail.com

www.chicagoballetacademy.com

Alphonsus Academy and Center for Arts*DePaul Ray Mayer Center**

Students Name:_____ Age:_____ Sex:_____

Parent Name:_____

Student Address:_____

City:_____ State:_____ Zip:_____

Day Telephone #:_____

Evening Telephone #:_____ Cell #:_____

Email Address:_____

Emergency Contact:_____ Relation:_____

Emergency Phone #:_____

How did you hear about our school?_____

Method of Payment:

Cash:_____ Check #:_____

Amount Paid: \$ _____ Authorized Signature:_____

I have read and understood all tuition information and rules. I hereby waive any claim of liability on behalf of the Ballet Academy in Lincoln Park, Alphonsus Academy, DePaul University, Ray Mayer Center or it's personnel or officers for any injury or for efforts to obtain treatment for my child in event that I r my representative cannot be reached.

Signature of Guardian or Parent:_____ Date:_____