

# Texas Youth Ballet Conservatory WELCOMES YOU!

## Student Registration Form 2016-2017

Student's Name (First & Last): \_\_\_\_\_ Date of Birth (if under 18): \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father Cell #: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

If address and phone numbers are different from above please include: Telephone #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Required:** Email of primary contact: \_\_\_\_\_

### **Financials:**

Registration fee is \$35 for first child in family, \$10 for each additional child. Monthly payment is due on the 1st of the month (Aug - with registration, 9/1, 10/1, 11/1, 12/1, 1/1, 2/1, 3/1, final payment for April and May 4/1)

Father's Occupation \_\_\_\_\_ work phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ work phone \_\_\_\_\_

Payment Preference:

\_\_\_\_\_ Monthly \_\_\_\_\_ Monthly Auto Pay \_\_\_\_\_ Semester \_\_\_\_\_ Yearly (No refunds on tuition)

Credit Card Info for Auto Pay: Name on Card: \_\_\_\_\_

Card type (Visa, Amex, MasterCard) \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_ Zip \_\_\_\_\_

### **Medical Information**

I understand, have signed and presented to registrar the **Liability Waiver** (circle one)      yes      no

Allergies: \_\_\_\_\_ epi pen: Yes / No

Other Health Conditions \_\_\_\_\_ Medications \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

I give the director, teachers or staff of TYBC permission to seek medical help for my child in case of emergency arising during times when parent is not present.

Parent Sig.: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the classes you are enrolling in. Please list siblings separately.

Student's Name \_\_\_\_\_ Level \_\_\_\_\_ # of classes \_\_\_\_\_

Dance Style (ex. Ballet)	Day/Time/Teacher	Dance Style (ex. Ballet)	Day/Time/Teacher
1.		6	
2.		7	
3.		8	
4		9	
5		10	

Student's Name \_\_\_\_\_ Level \_\_\_\_\_ # of classes \_\_\_\_\_

Dance Style (ex. Ballet)	Day/Time/Teacher	Dance Style (ex. Ballet)	Day/Time/Teacher
1.		6	
2.		7	
3.		8	
4		9	
5		10	

Student's Name \_\_\_\_\_ Level \_\_\_\_\_ # of classes \_\_\_\_\_

Dance Style (ex. Ballet)	Day/Time/Teacher	Dance Style (ex. Ballet)	Day/Time/Teacher
1.		6	
2.		7	
3.		8	
4		9	
5		10	

Student Tuition by Level + Open:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Registration Fee (\$35 per child, \$10 per sibling):

**SUB-TOTAL:** \$ \_\_\_\_\_

Sibling Discount: \$ ( \_\_\_\_\_ )

**SUB-TOTAL:** \$ \_\_\_\_\_

Misc. Discount: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

FOR OFFICE USE ONLY:

_____ #	_____ ACC	_____ O	_____ LP	_____ PSP	_____ YBT	_____ MP	_____ SEM	_____ YR	_____ AP
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