

Miss Michelle's Center for the Performing Arts

159 Linden Street, Wellesley, MA 02482

781-237-0081

MissMichellesDanceArts.com

BalletBallet@verizon.net

Registration Form 2018/2019

Classes Run Tuesday, Sept. 4 – Saturday, June 15

STUDENT NAME: _____

STREET ADDRESS: _____

TOWN: _____ ZIP: _____

HOME TELEPHONE: _____ E-MAIL: _____

STUDENT DATE OF BIRTH: _____ AGE: _____ GRADE: _____

PARENT 1 NAME: _____ WORK #: _____

CELL #: _____

PARENT 2 NAME: _____ WORK #: _____

CELL #: _____

DOCTOR'S NAME: _____ TEL: _____

EMERGENCY CONTACT: _____ TEL: _____

MEDICAL INFORMATION WE SHOULD KNOW: _____

Billing Information

BILLING NAME: _____

BILLING STREET ADDRESS: _____

TOWN: _____ ZIP: _____

TELEPHONE HOME: _____ WORK: _____ CELL: _____

CLASSES:	TITLE	DAY	TIME	TUITION
CLASS #1	_____	_____	_____	_____
CLASS #2	_____	_____	_____	_____
CLASS #3	_____	_____	_____	_____
CLASS #4	_____	_____	_____	_____
CLASS #5	_____	_____	_____	_____
CLASS #6	_____	_____	_____	_____

45 minutes to 1 hour class \$750 (1st Semester \$375)

1½ hour class \$1125 (1st Semester \$562.50)

Registration Fee \$31.50 per student per year.

Please make out check to Miss Michelle's Center for the Performing Arts. Thank you.

TOTAL AMT DUE: _____

Office Use Only:

Reg. Fee \$31.50

Trial Fee (\$25) \$ _____

Tuition \$ _____

Amt. Cash Pd \$ _____

Amt. Check Pd \$ _____

Check # _____

Check Date: _____

Credit Card: _____

Office Initials: _____

Registration Date: _____

Computer Entry: _____

CREDIT CARD # _____ TYPE: **VISA MC DISCOVER** SEC. CODE _____

Expiration: _____

CARD HOLDER NAME (PLEASE PRINT) _____

"I give Miss Michelle's Center for the Performing Arts to charge the above listed credit card for the listed amount below and agree to all terms and conditions, including that there are no refunds for any charges."

AMOUNT TO CHARGE: _____ CARD HOLDER SIGNATURE: _____