

Miss Michelle's Center for the Performing Arts

159 Linden Street, Wellesley, MA 02482

781-237-0081

MissMichellesDanceArts.com

BalletBallet@verizon.net

Registration Form 2017/2018

Classes Run Tuesday, Sept. 5 – Saturday, June 16

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 minute to 1 hour class CC \$735 (\$367.50 per semester) CA \$700 per year (\$350 per semester)
1½ hour class CC \$1102.50 (\$551.25 per semester) CA \$1050 per year (\$510 per semester)
Registration Fee \$31.50 (CA \$30) per student per year. Fee waived if register before Aug. 1, 2016.
Please make out check to Miss Michelle's Center for the Performing Arts. Thank you
TOTAL AMT DUE: _____

Office Use Only:
Reg. Fee \$30
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 _____

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: _____