



ACADEMY REGISTRATION FORM

Student Last Name _____ First Name _____

Male/Female _____ Birth Date _____ Age _____

Street Address _____ Apt/FI _____

City _____ State _____ Zip _____

Parent Last Name _____ First Name _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email Address _____

Other Guardian Name (not required) _____

Guardian's Phone (optional) _____ Email Address _____

Other Guardian Name (not required) _____

Guardian's Phone (optional) _____ Email Address _____

Enclosed is my \$20 registration fee (cash or check only)

In order to reserve a class space, registration form must be accompanied by the \$20 non-refundable registration fee.

Registrations will be accepted on a space available basis.

Checks should be made payable to: ARCC Ballet

Checks can be mailed to ARCC Ballet 2121 West Webster, Attention: Academy, Chicago, Illinois 60647

A release and authorization enclosed must also be received prior to a student's first class.