



# The Turning Pointe School of Dance

Home of OHIO YOUTH BALLET & DANCE TEAM

## Registration Form Semester One & Two 2008-2009 School Year

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

CURRENT ACADEMIC SCHOOL: \_\_\_\_\_ GRADE in FALL 2008: \_\_\_\_\_

PREVIOUS DANCE TRAINING: \_\_\_\_\_

Helpful tips instructor should know about dancer: \_\_\_\_\_

Is student currently enrolled in any other dance studios? \_\_\_\_\_ If yes, where: \_\_\_\_\_

YEAR STARTED BALLET TRAINING: \_\_\_\_\_ YEARS ON POINTE: \_\_\_\_\_

PARENT(S) &/or GUARDIAN(S): \_\_\_\_\_

First and Last Name(s)

Emergency Contact Name(s): \_\_\_\_\_

Work Number: \_\_\_\_\_ (who's Phone \_\_\_\_\_)

Cell Phone : \_\_\_\_\_ ( who's Phone \_\_\_\_\_)

\*Please Note: Class sizes are limited. Acceptance into class is based on the order students submit registration and deposit. All classes must have a minimum enrollment.

Semester One 2008-2009 School Year

September 3, 2008 – January 24, 2009

Dance Class(es): \_\_\_\_\_

Semester Two 2008-2009 School Year

January 26, 2009 – June 6, 2009

Dance Class(es): \_\_\_\_\_

Pre-Professional Ballet Division:

Semester One

Semester Two

Dance Level : \_\_\_\_\_ ( Advanced Beginner Ballet; Intermediate I; Intermediate II; Advanced)

Placement Class Taken : \_\_\_\_\_ ( Date)

Pre-Professional Dance Division:

Semester One

Semester Two

Dance Level : \_\_\_\_\_ ( Junior Dance Division; Senior Dance Division)

Placement Class Taken : \_\_\_\_\_ ( Date)

Interested in Participating in Spring Recital in June 2009 \_\_\_Yes \_\_\_No

Total Tuition Due: Registration Fee: \_\_\_\_\_

Class(es) Fee: \_\_\_\_\_ Please Check Price List for class fees.

Discounts: \_\_\_\_\_

Coupon: \_\_\_\_\_ Total Due Sem I : \_\_\_\_\_ Total Due Sem II: \_\_\_\_\_

Non refundable Annual Registration Deposit Due to hold student place in class: Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

Remaining tuition Balance Due: Semester One \$ \_\_\_\_\_ Semester Two \$ \_\_\_\_\_

I understand I am enrolling myself /my child \_\_\_\_\_ for Semester One & Two for the 2008-2009 School. I further understand tuition is due on or before September 6, October 4 and November 8, 2008 for Semester One and on Jan. 17, Feb. 7 and March 7 for Semester Two 2009. If I am late in payment I will be assed a \$ 20 Late fee. I also understand for any NSF returned checks I will be assessed a \$ 30 Fee. I have the right not to continue for Semester Two, in which case I will submit a letter in writing if I chose not to continue classes.

Parent or Guardian Name(S) \_\_\_\_\_

PLEASE RETURN WITH YOUR PAYMENT TO:  
The Turning Pointe School of Dance

2387 Locust Street South  
Canal Fulton, Ohio 44614

www.TurningPointeSchoolOfDance.net  
330 854-1417



MASTER CARD, DISCOVER & VISA is accepted.  
Please stop in the studio to pay by credit card.