

**Registration by Appointment  
OR  
by Email at valleyballet2017@gmail.com**

**Agreement  
Valley Ballet, 140 Albany Turnpike, Canton, CT 06019**

Please Print

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Classes registered for: \_\_\_\_\_

Tuition 9 payments \_\_\_\_\_ + \$25/\$30 \_\_\_\_\_ 4 payments \_\_\_\_\_ + \$25/\$30 \_\_\_\_\_

2 payments \_\_\_\_\_ + \$25/\$30 \_\_\_\_\_

\_\_\_ **VALLEY BALLET HAS PERMISSION TO USE PHOTOS OF MY CHILD TAKEN IN CLASS OR PERFORMANCE FOR PROMOTIONAL PURPOSES .**

**IT IS UNDERSTOOD THAT VALLEY BALLET IS NOT LIABLE FOR ANY INJURY INCURRED IN STUDIO OR PERFORMANCE**

My signing of this form constitutes my contract for Full payment of fees. Tuition is due prior to first class

**Signature** \_\_\_\_\_

**Your child will participate in winter performance Yes \_\_\_ No \_**

**Spring performance. Yes \_\_\_ No \_\_\_**