

**School of Missouri Contemporary Ballet
Registration Form**

Student's Name M/F DOB Phone

Home Address City/State/Zip Email

Mother's Name Cell/Work Phone Email

Father's Name Cell/Work Phone Email

Emergency Contact (other than parent) Cell/Work Phone Relation to Student

How did you hear about us?

Allergies/Medical Conditions

Previous Dance Experience (Organization, classes, years)

Classes Registering For	Day(s)	Time(s)

To reserve class space, registration form must be accompanied by the \$25 (nonrefundable) registration fee, first monthly or semester payment, a signed *Agreement to Policies & Procedures*, and a signed *Release and Authorization* available on the website.

- I commit to pay a full semester; enclosed is my payment including registration fee.
- I am enrolling multiple children from one family entitling me to a 15% discount.
- I commit to a monthly payment plan; payments are due on the first of the month. I understand a late fee of \$15 will be assessed for failure to pay on said dates and that my credit card number must be held on file.
- I wish to make an additional, tax-deductible donation to MCB \$_____

Method of Payment

- Credit Pmt-Full Credit Pmt-Monthly Class Card

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