

## *Enrollment Form 2014-2015*

*In order for a student to participate in class, this form must be completely filled out and signed by a parent.*

Newtown Centre of Classical Ballet  
P.O. Box 147, Newtown, Connecticut 06470

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Street: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Please e-mail me future notifications: YES/NO

Please discontinue paper notifications: YES/NO

Please e-mail me closing information: YES/NO

Student Assigned Level: \_\_\_\_\_

Classes/Days Enrolling In: \_\_\_\_\_

\_\_\_\_\_

Total Regular Classes/Tuition Amount: \_\_\_\_\_ = \$ \_\_\_\_\_

Total Elective Classes/Tuition Amount: \_\_\_\_\_ = \$ \_\_\_\_\_

**SUBTOTAL:** \_\_\_\_\_

*Additional Discount:* \_\_\_\_\_

**BALANCE DUE:** \_\_\_\_\_

I have read and fully understand all of NCCB's school and tuition policies. I further acknowledge and agree that: I am responsible for tuition payments in accordance with the tuition payment schedule; all late fees; and fees associated with checks that are returned for insufficient funds. I further agree that I will not hold the Newtown Centre of Classical Ballet, its director, faculty, or employees liable for injuries (on property, inside building, performances) or for any illness contracted or for the loss or destruction of any personal property. Students will be photographed and videotaped from time to time and your signature on this form releases Newtown Centre of Classical Ballet from all liability of use of this material.

\_\_\_\_\_  
Parent / Adult Ballet Signature

\_\_\_\_\_  
Date