

## Registration Form—Fall 2010

*Ballet des Enfants* – Classes 2001-4017

Youth Performing Arts School - Classes 5001-8003

<b>Mon Classes</b>	<u>45 Min</u>	<u>60 Min</u>
	\$315	\$375
<b>Tues-Sat Classes</b>	\$340	\$405

<b>Mon Classes</b>	<u>60 Min</u>
	\$375
<b>Tues-Sat Classes</b>	\$405

Returning Student    
  Sibling of Registered Student (10% Discount)    
  New Student

If New...how did you hear about us...

Referred by friend    
  Received a mailer    
  Online Advertising    
  Walk In

Child's Name \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Class Code	Location	Day	Time	Length
<b>1st Class</b>				
<b>2nd Class</b>				

**Full payment due at time of registration.**

To register, please **mail/fax** form with **check or credit card information**.

**Make checks payable to Tutu Sweet Inc.**

Mailing Address

**Ballet des Enfants / Youth Performing Arts School of Fairfield and Westchester—Larchmont**  
 1290 Boston Post Road, Larchmont, NY 10538  
 Tel. 914.834.5443 / Fax: 914.834.6201

**Ballet des Enfants / Youth Performing Arts School of Fairfield and Westchester—Stamford**  
 2000 West Main Street  
 Stamford, CT 06902  
 Tel. 203.973.0144 / Fax: 203.973.0155

Check # \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

VS, MC

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_ V-Code \_\_\_\_\_

Although every effort is made to create a safe environment, I acknowledge that dancing is a physical activity which involves certain risks. I assume the risks of participating in Ballet des Enfants classes and related activities and irrevocably release Tutu Sweet Inc. and its employees from any and all liability of any type or nature arising out of my or my child's participation in classes or activities. I understand that any photographs taken on the premise of Ballet des Enfants is subject to promotional use. I have read and understand all policies outlined in the attached Important Information sheet. I understand there is a \$20.00 charge for all returned checks.

Signature (\*required) \_\_\_\_\_ Date \_\_\_\_\_