



Registration Form

Please mail this form along with registration fee to: 1765 State Street, Schenectady, New York 12304

Student Name: _____

Student Age: _____ M F Date of Birth: _____

Prior Training, please describe:

Date Enrolled: _____

Address:

Street: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Enroll me in the following class/classes:

Tap

Day: _____ Time: _____

Ballet

Day: _____ Time: _____

Jazz

Day: _____ Time: _____

Pre-School

Day: _____ Time: _____

Payment Selection

- I have elected to pay my tuition for the season in four payments: September, November, February, and April
- I have elected Payment Plan A, with a 10% discount; payment must be received in full by September
- I have elected Payment Plan B, with a 8% discount; payment must be received as two equal installments in September and January

Please send \$10.00 Registration Fee and Completed Form to 1765 State St., Schenectady, NY 12304.