



NEW AMERICAN YOUTH BALLET

Spring 2017 Registration Form

TERM DATES:

February 6th – June 17th. Submit your completed form and payment to hold your child's place.

SUGGESTED MONTHLY DONATIONS:

1 class per week: \$155 per month • 2 classes per week: \$220 per month • 3 classes per week: \$255 per month

4 classes/ week-unlimited: \$265 per month • the more classes you take, *the more you save!*

If you are financially not able to donate, kindly let us know and we will help make arrangements. NO REFUNDS after first day of class.

2 Make-up classes are permitted per term. Stay connected and find us on FACEBOOK.

STUDENT & PARENT INFORMATION:

Student:	_____	Birthday:	_____	Age:	_____
Mom:	_____	Profession:	_____	Phone:	_____
Dad:	_____	Profession:	_____	Phone:	_____
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Home #	_____	Work #	_____	Cell #	_____
Email:	_____				
Caregiver/Nanny:	_____			Cell:	_____

Does your child have any health conditions we should know about? Yes No

If yes, please explain:

How did you hear about NAYB?

Does your company have a Matching Grant program?

Area of volunteer skills:

1st Choice Class Day/Time:	_____	2nd Choice Class Day/Time:	_____
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PHOTO/VIDEO RELEASE

I authorize now and in future, Elizabeth Flores and New American Youth Ballet to use photographs and / or video of above student to promote New American Youth Ballet both in print and online website and social media. Yes No

REGISTRATION FEE (non-refundable):

\$80 Fee with leotard (see note below). Please indicate size: Extra Small Small Medium Large

\$60 Fee without leotard (select this option if you have previously purchased a leotard and do not want a new one)

\$20 Extra leotard. Please indicate size: Extra Small Small Medium Large

PLEASE NOTE: Leotard delivery can take up to a week. Please wear easy to move in outfit for first class day in case leotard is not ready for pick-up.

PAYMENT INFORMATION:

Registration fee will be charged to your card below upon receipt of this form. Monthly payments are charged beginning of each month. For your security, please call in credit card information. We will contact you or please contact us at (607) 725-2560. Your child's registration is not confirmed until payment information has been received.

Cardholder's Name: _____

Card# _____

Expiration _____

Please use my credit card on file Please contact me for payment information

Please save your completed form and email it to newamericanyouth@yahoo.com.