

Allison's Ballet Centre

Home of Dance Theatre of Bradenton

Artistic Director: Allison Erwin Norton

Fall/Spring Registration 2025-2026

Classes start August 18th, 2025

\$45.00 Registration Fee is due with the registration form.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____

Zip Code: _____ Date of Birth: _____ Age (at time of registration) _____

Cell Phone(s): _____

E-mail(s): _____

How did you hear about ABC? _____

Previous dance training with _____

Number of years: Ballet _____ Pointe _____ Jazz _____ Tap _____ Acrobatics _____

Has your child ever been seen by a podiatrist or orthopedic surgeon: _____

If yes, why? (Please attach explanation)

Does your child have ANY health concerns? _____ If yes, please explain in detail on back.

The undersigned does hereby agree to waive and release all claims on behalf of the below registered participant against Allison's Ballet Centre and its employees, from all responsibility for personal injuries received or sustained while on the center premises. In addition, the undersigned acknowledges receipt of and adherence to studio policies.

Signature of Parent or Guardian

Printed Name

Date

Upon registration, your child's place is reserved. Therefore, early withdrawal requires a thirty (30) day written notice. Failure to give notice will result in an additional month's tuition. Tuition is due on a monthly basis regardless of any school calendar.

Parent/Guardian Signature

Date

I (we), hereby grant permission to Allison’s Ballet Centre to use photographs and/or video taken of my child in publications, online, or in other printed materials.

Parent/Guardian Signature

Date

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**Section to be completed by ABC**

**Class Enrollment:**

Saturday 3-5 yr olds\_\_\_\_\_

Mon Level II 5:30\_\_\_\_\_

Tues Level I 5:30\_\_\_\_\_

Thurs Level III 6:00\_\_\_\_\_

**Level B**

Tuesday\_\_\_\_\_

Wednesday\_\_\_\_\_

Saturday\_\_\_\_\_

**Level A**

Jazz\_\_\_\_\_

Monday\_\_\_\_\_

Tuesday\_\_\_\_\_

Wednesday\_\_\_\_\_

Thursday\_\_\_\_\_

Saturday\_\_\_\_\_

Other\_\_\_\_\_

**Registration Fee Paid:**

Date\_\_\_\_\_

Check # (or Cash)\_\_\_\_\_