The Pointe Academy of Ballet and Contemporary Dance

Registration Information Form

			20	24/20)25				
Parent Names				S	tudent Name	e (and nick	name if a	applicable)	
Home Address Street			_#	 B _ E	irthdate thnicity				
City/Zip				A	cademic Sch	ool			
Phone #s									
Primary					Former Dance School if Applicable				
Parent Cell				_					
Student				Email					
Special Needs: (Injuries, m	edical or er	notio	nal consid	erations etc.))			
How did you he	ar about th	ne Pointe Ad	caden	ny?					
Why have you c	hosen to at	ttend the P	ointe	∆cademy?	1				
vviiy ilave you c	nosen to a	tteria trie i	Office	Academy:					
Class Selections		Class Level		147. d			e appropriate boxes		
Mini Mover	Mon	Tue		Wed	Thu	Fri	3	Sat	
Pre - Ballet Ballet									
Pointe									
Tap/Jazz									
Modern									
PADEnsemble									
Body Con									
Office Use of	nly								
Office Use 0			CI.		.l. D. I	D. I.I.	Classes	Don Wools	
		nount Ch		eck # or Ca	sn Date	Date Paid		Classes Per Week	
Reg. Fee 40/60									
Perf Fee 75/12	5						1		
Autumn Term									
Winter Term									
Spring Term									
Summer Term									