

Michigan Ballet Academy

Open Division Enrollment Form

Date: _____

Student Information

Last Name:	First Name
Birthdate:	Age:
Gender: M / F	Grade:
School (or indicate if homeschooled):	

Primary Contact Information

Parent Last Name:	Parent First Name:
Address:	City:
Zip Code:	Home Phone:
Email Address:	Cell Phone:

Note: Email is our primary form of contact. Please supply an email address that is checked frequently.

Emergency Contact Information

Last Name:	First Name:
Address (if different):	City:
Zip Code:	Home Phone:
Relationship to Student:	Cell Phone:

Health Concerns

Please list any medical conditions or allergies:

Method of Payment: \$150 Punch Card

<input type="checkbox"/> Cash Enclosed	<input type="checkbox"/> Check made payable to: Michigan Ballet Academy
<input type="checkbox"/> Credit Card Payment	Cardholder Name:
Card Number:	Exp. Date:
Signature:	

How did you hear about MBA? _____
