

# COLTON BALLET SCHOOL STUDENT REGISTRATION CARD

_____ Student's Name (Last, First)	_____ Age	_____ Date of Birth	_____ School or Employer
_____ Mother's or Guardian's Name	_____ Address		_____ City, State Zip
_____ Cell Phone	_____ Home Phone	_____ Email Address	_____ Employer
_____ Father's or Guardian's Name	_____ Address		_____ City, State Zip
_____ Cell Phone	_____ Home Phone	_____ Email Address	_____ Employer
_____ Name of Party Responsible for Tuition	_____ Address		_____ City, State Zip
_____ Cell Phone	_____ Home Phone	_____ Email Address	_____ Employer
_____ How did you hear about the Colton Ballet School?	_____ Name of Class(es)		_____ Monthly Tuition