

Geiger Classic Ballet Academy
Director: Mary C. Geiger

Student Enrollment Form 2008-2009
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Student's Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Mother's Name _____ Occupation _____

Cell Phone _____ Work Phone _____

Father's Name _____ Occupation _____

Cell Phone _____ Work Phone _____

Last Ballet School _____ How long? _____

How many years of previous ballet training? _____ Pointe? _____

I am dancing for: Health _____ Enjoyment _____ Professional Aspirations _____

Physical handicaps we need be aware of? Yes _____ No _____ If yes, please explain:

If yes, have you been cleared by your doctor for this activity? Yes _____ No _____

New Student: Yes ___ No ___ Returning Student: Yes ___ No ___ If yes, when? _____

Academic School _____ Grade _____

How did you hear about Geiger Ballet? Referral _____ Yellow Pages _____ Print Ad _____
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Website _____ Other _____ Please specify _____
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In case of emergency, if you cannot be reached, please list a contact person:

Name & Relationship _____ Phone _____

Family Physician _____ Phone _____

Class Level _____	Office Use
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Day _____

Start Date _____
