

Geiger Classic Ballet Academy
Director: Mary C. Geiger

Student Enrollment Form
2011-2012

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 _____ Postcard ___ Print Ad ___ Website ___
Google ___ Yelp.com ___ Local.com ___ AngiesList.com ___ Yahoo.com ___ Bing.com ___ Facebook.com ___
Other website _____ (please specify)

In case of emergency, if you cannot be reached, please list a contact person:

Name & Relationship _____ Phone _____

Family Physician _____ Phone _____

Class Level _____ Office Use _____ Start Date _____
Day _____