# School of Missouri Contemporary Ballet
## Registration Form

| Student's Name | M/F | DOB | Phone |
|---|---|---|---|
| Home Address | City/State/Zip | | Email |
| Mother's Name | Cell/Work Phone | Email | |
| Father's Name | Cell/Work Phone | Email | |
| Emergency Contact | Cell/Work Phone | Relation to Student | |
| Allergies/Medical Conditions | | | |
| Previous Dance Experience (Organization, classes, years) | | | |

| Classes Registering For | Day(s) | Time(s) |
|---|---|---|
| | | |

**To reserve class space, registration form must be accompanied by the $25 (nonrefundable) registration fee, first monthly or semester payment, a signed *Agreement to Polices & Procedures*, and a signed *Release and Authorization* available on the website.**

- ☐ I commit to pay a full semester; enclosed is my payment including registration fee.
- ☐ I am enrolling multiple children from one family entitling me to a 15% discount.
- ☐ I commit to a monthly payment plan; payments are due on the first of the month. I understand a late fee of $15 will be assessed for failure to pay on said dates and that my credit card number must be held on file.
- ☐ I wish to make an additional, tax-deductible donation to MCB $_____

**Method of Payment**

☐ Credit Pmt-Full ☐ Credit Pmt-Monthly ☐ Class Card

110 Orr Street, Suite 102 & 106
Columbia, MO | 65201
| 573.825.0095 | School@missouricontemporaryballet.com |
www.SchoolofMCB.org