

**Rose Marie Floyd Studio of Dance/TMB Ballet**  
**Student enrollment form**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ email \_\_\_\_\_

Mother's Name \_\_\_\_\_ cell \_\_\_\_\_

Father's Name \_\_\_\_\_ cell \_\_\_\_\_

Last Ballet School \_\_\_\_\_ How long? \_\_\_\_\_

How many years of previous training? \_\_\_\_\_ Pointe work? \_\_\_\_\_

I am dancing for: Enjoyment \_\_\_\_\_ Professional Aspirations \_\_\_\_\_

Any physical handicaps we need to be aware of? No \_\_\_ Yes \_\_\_ If yes, please explain:  
\_\_\_\_\_

Have you been cleared by your doctor for this activity? \_\_\_\_\_

Academic School \_\_\_\_\_ Grade \_\_\_\_\_

I agree that my child's photo may appear on the RMF/TMBBallet website	Yes	No
I agree that my child's photo may appear in print ads for the RMF/TMB	Yes	No

How did you hear about the studio?	Website _____	Other _____
Referral _____	Referral's name _____	

**In case of an emergency, please list a contact person**

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

<b>Office Use Only</b>
Start date _____ Class level _____ Teacher _____
Day/Times _____