

REGISTRATION FORM – SPRING 2018

STUDENT'S NAME:	GENDER:		
STUDENT'S AGE:	BIRTHDAY:		
PARENT/GUARDIAN NAME:		PHONE:	
PARENT/GUARDIAN NAME:	1	PHONE:	
ADDRESS:	CITY:	STATE:	
E-MAIL:			
Please list any physical, mental, or h	nealth concerns regarding your chil	ld.	
If registering for a French class, plea	ase list any exposure your child ha	s had with the French language.	
CLASS LEVEL YOU ARE RESER	VING:		
□ French Toddler Ballet Sundays (8 2-3.5 year olds 9:30am	3 classes) April 8 – June 3 (no class	s May 27 th)	
NON-REFUNDABLE RESERVAT	TION FEE	\$25.00	
☐ Cash ☐ Check to: Ella Thornton Mail checks to: 1420 NW 17 th Ave, Ste 88 Portland, OR 97209	☐ Facebook Messenger Friend-To-Friend to: @miss.ella.thornton☐ Google Wallet to: frenchbabyballet@gmail.com☐ Venmo: @Ella-Thornton		
*The reservation fee will be applied to of class.	the full price of the session. Payment	t for the session is due by the first day	
HOW DID YOU HEAR ABOUT M	IISS ELLA'S CLASSES?		
PARENT/GUARDIAN SIGNATURE:		DATE:	