

Center of Artistic Expression



**REGISTRATION FORM 2023-2024**

Mtra. Grissell Estrada Alvarez  
BigballetCAE@gmail.com # 941-298-2790

STUDENTS FIRST NAME: \_\_\_\_\_ STUDENTS LAST NAME \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Students Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Email Address: \_\_\_\_\_

I have read the student/parent agreement and understand and agree with it in its entirety. I also, understand that there is a non-refundable registration fee per student at the time of sign up.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use ONLY

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_ Class: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_ Class: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_ Class: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_ Class: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_ Class: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_ Class: \_\_\_\_\_

Form of payment accepted: CASH, CHECK OR ZELLE Cash: \_\_\_\_\_ Check# \_\_\_\_\_ Zelle: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Monthly Tuition: \_\_\_\_\_ Teachers

Initials: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Permission to post pictures on social media & our website YES or NO