

Ibsen Dance Theatre

Enrollment Form

Please Circle the studio you want to attend !

Ibsen Dance Theatre
7221 N. Oak
Gladstone, Mo. 64118

Ibsen Dance Theatre NORTH
9550 N. McGee
Kansas City, Mo. 64155

Students

Name _____ Parent's Name _____

Address _____

City _____ State _____ Zip _____

Mothers

Telephone _____ WorkTelephone _____ Cell _____

Father Home

Telephone _____ WorkTelephone _____ Cell _____

Contact E-Mail

Address _____ StudentCell _____

Student's Age _____ Date of Birth _____ Grade _____ School _____

PLEASE ENROLL ME IN:

1) Class Title _____ Day _____ Time _____

2) Class Title _____ Day _____ Time _____

3) Class Title _____ Day _____ Time _____

4) Class Title _____ Day _____ Time _____

5) Class Title _____ Day _____ Time _____

6) Class Title _____ Day _____ Time _____

NEW STUDENT INFORMATION

Previous Dance School _____ How Long _____

How did you hear about our school? _____

I have read and agree to the tuition and general policies explained in Ibsen Dance Theatre's brochure.

Signature _____ Date: _____

(Parent, guardian or student over 18)

CREDIT CARD INFORMATION IS ON THE BACK IF YOU WISH TO CHARGE TUITION