

THE SCHOOL OF CLASSICAL BALLET LLC

Registration Form • Summer 2013

Name of Student _____

Present Age _____ Date of Birth _____ Grade _____

Name of Parent/Guardian _____

Street Address _____

Telephone _____

Email Address _____

Our primary form of communication is email. If you do not have access to the Internet please indicate the best way to reach you.

How did you hear about us? _____

If your child has had previous training, please explain: _____

Does child have any physical considerations? Yes _____ No _____

If yes, please explain _____

Circle below which classes you would like to register for.

Class _____ Time _____ Price _____

Class _____ Time _____ Price _____

Class _____ Time _____ Price _____

Class _____ Time _____ Price _____

Class _____ Time _____ Price _____

Please note that there are no reimbursements for missed classes. If a student is unable to attend class, please try to notify us before class starts. Make-up classes are allowed only when approved by SOCB.

Tuition _____

Registration Fee _____ \$15.00 _____

Total Enclosed _____

OVER- PLEASE FILL OUT PAGE 2

It must be understood that classes offered by the School of Classical Ballet involve strenuous physical exertion. Completion and signature of this form releases the school from any responsibility or liability for any stress, strain or injury resulting from class participation.

After registration has been received should the student for whatever reason be unable to attend, withdraw, be excused, or be absent, we will be unable to refund payments.

Parent/guardian signature _____

Parent/guardian please print name _____

Today's date _____

We will hold a space for you when we receive this form and tuition.

Please make your check payable to:
The School of Classical Ballet LLC

And mail to:
The School of Classical Ballet LLC
7 Mullins Court #1
East Cambridge, MA 02141

We update our website and brochure every term and we would like to use photos of our students in these publications.

Photo Release Form

I hereby give my consent for The School of Classical Ballet to use my child's/ children's photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor child/ children and myself and attest that I am the parent or legal guardian of the child/ children listed below.

Parent Signature: _____ Date: _____

Name and Age of Minor Child/Children:

Name: _____ Age: _____

Name: _____ Age: _____