

**THE SCHOOL OF
CLASSICAL BALLET**

7 MULLINS COURT #1

EAST CAMBRIDGE, MA

02141

617-721-6643

www.theschoolofclassicalballet.com

info@theschoolofclassicalballet.com

Intensity 2017

Intensity is our week-long summer intensive program for students ages 11-18.

Week 1: Monday July 31st-Friday August 4th 9:30am-4:00pm

Ballet, Modern, Conditioning, Improvisation, Repertory, Bhangra, and more! An Informal Showing for family and friends will be Friday August 4th at 3:30pm

Sample of a daily schedule:

9:30-11:00am- Ballet

11:15-12:30- Modern

12:30-1:15-Lunch

1:15-2:15-Conditioning

2:30-4:00-Improv/Repertory

Week 2: Monday August 7th-Friday August 11th 9:30am-4:00pm

Ballet, Jazz, Tap, Improvisation, Repertory, Belly dance and more! An Informal Showing for family and friends will be Friday August 11th at 3:30pm

Sample of a daily schedule:

9:30-11:00- Ballet

11:15-12:30- Jazz

12:30-1:15- Lunch

1:15-2:15- Tap

2:30-4:00- Improv./Repertory

The tuition for Intensity is \$380.00 per week or \$720.00 if you register for both weeks. Please feel free to email or call with any questions.

Thank you!

Kirsta Sendziak

617-721-6643

info@theschoolofclassicalballet.com

THE SCHOOL OF CLASSICAL BALLET LLC

Intensity 2017 Registration Form

Name of Student _____

Present Age _____ Date of Birth _____ Grade _____

Name of Parents/Guardians _____

Street Address _____

Telephone 1 _____ Telephone 2 _____

Email Address 1 _____

Email Address 2 _____

How did you hear about us? _____

Please list all previous dance training: _____

Does child have any physical considerations? Yes _____ No _____

If yes, please explain _____

Permission to leave the Dance Complex during lunch or snack:

I give my child permission to leave with a chaperoned group. Yes _____ No _____

Circle below the week(s) you would like to register for.

Week 1: Monday July 31st-Friday August 4th Tuition: \$380.00

Week 2: Monday August 7th-Friday August 11th Tuition: \$380.00

Weeks 1 and 2: Monday July 31st-Friday August 11th Tuition: \$720.00

Total Tuition _____

Registration Fee \$20.00 (please waive if currently registered at SOCB)

Total Enclosed _____

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: _____