

**THE SCHOOL OF
CLASSICAL BALLET**

7 MULLINS COURT #1

EAST CAMBRIDGE, MA

02141

617-721-6643

www.theschoolofclassicalballet.com

info@theschoolofclassicalballet.com

Mini Intensity 2017

Mini Intensity is our week-long summer intensive program for students ages 8-10.

Monday July 10th-Friday July 14th 9:30am-1:30pm

Ballet, Modern/Jazz, Tap and more!

Sample of a daily schedule:

9:30-10:45- Ballet

11:00-Noon- Modern/Jazz

Noon-12:30- Lunch

12:30-1:30- Tap

The tuition for Mini-Intensity is \$240.00 for the week. Extended Day will be offered Monday-Friday between 1:30-3:00pm for an additional \$20.00 per day. There will be an informal showing for parents, family and friends on Friday July 14th at 1:00pm.

If you have questions please feel free to email or call. Also, all relevant information about Mini-Intensity 2017 is on our website, www.theschoolofclassicalballet.com.

Thank you!

Kirsta Sendziak

617-721-6643

info@theschoolofclassicalballet.com

THE SCHOOL OF CLASSICAL BALLET LLC

Mini-Intensity 2017 Registration Form

Monday July 10th-Friday July 14th

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, snack or Extended Day:

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

Extended Day _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

Extended Day is \$20.00 per student per day.

Total Tuition _____ \$240.00 _____

Extended Day _____

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: _____