

**THE SCHOOL OF
CLASSICAL BALLET**

7 MULLINS COURT #1

EAST CAMBRIDGE, MA

02141

617-721-6643

www.theschoolofclassicalballet.com

info@theschoolofclassicalballet.com

Dear School of Classical Ballet Parents and Students,

Enclosed are the registration materials for our 2017 Summer Term. **Classes begin Tuesday June 20th and will run through Tuesday August 1st.** Below is the full schedule.

Tuesdays

3:30-4:15pm Pre-Ballet

4:30-6:00pm Modern/Jazz Ages 8+

Wednesdays

3:30-4:15pm Primary I Ages 4-6

3:30-4:30pm Tap Ages 6+

4:30-5:30pm Primary II/III

Thursdays

3:30-4:30pm Ballet I

4:30-6:00pm Ballet II

Saturdays

10:00-10:45am Primary I Ages 4-6

11:00-Noon Primary II/III

Summer Term Tuition

45 Minute – 1 Hour classes, \$90.00 each

1.5 Hour Classes, \$100.00 each

Just a reminder: your child will be registered once we receive the registration form and tuition. If you have questions please always feel free to email or call, and remember our website, www.theschoolofclassicalballet.com. All relevant information regarding the 2017 Summer Term is listed online including class descriptions and times, pricing, dress for class, procedures, and important dates.

Thank you!

Kirsta Sendziak

617-721-6643

info@theschoolofclassicalballet.com

THE SCHOOL OF CLASSICAL BALLET LLC

Summer 2017 Registration Form

June 20th - August 1st

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 _____

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

Please share with us pertinent information that may help us to better serve your child, i.e allergies, emergency medications (i.e. epi pen, etc.), seizures, special needs, physical considerations, etc. _____

Circle below which classes you would like to register for.

Class _____ Time _____ Price _____

Class _____ Time _____ Price _____

Class _____ Time _____ Price _____

Tuition _____

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

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 frequently, 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: _____