

Cambridge School
of Ballet 

Registration Form ___ Fall 2018 ___ Spring 2019 ___ Summer 2018

Today's Date _____

Parent/Guardian #1 _____

Address _____

Phone Numbers _____

E-Mail Address _____

Parent/Guardian # 2 _____

Address _____

Phone Numbers _____

E-Mail Address _____

Student(s) lives with: Both parents _____ Mother _____ Father _____ Grandparent _____ Other _____

Who is the best contact person for the student(s)?

Emergency Contact Person _____

Home Phone/Cell Number _____

Physician's Name/ Number _____

Number Of Students To Be Enrolled On This Account: _____

Can we credit someone for referring you to Cambridge School of Ballet?

Refer a friend who completes the registration process and receive a \$25 credit towards your tuition or recital fees! (limit one credit per student, per school year)

FOR OFFICE USE ONLY Account # _____ Method of payment Cash _____

Charge _____ Check _____ Registration fee _____ Tuition _____ Recital _____

Costumes _____

Discounts _____ Amount paid today _____ Balance Due _____

Notes:

Cambridge School of Ballet Registration Form Page 2

Student Information

Student #1 Last Name _____ First Name: _____

Date of birth ___/___/___ School Grade _____ School Attending _____

Street Address (If Different From parent's)

Phone Number _____

Does the student(s) have any medical/behavior problems or concerns we should be aware of?

This child is enrolling in:

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Total Monthly Tuition for student #1 (office will calculate) _____

Student #2 Last Name _____ First Name: _____

Date of birth ___/___/___ School Grade _____ School Attending _____

Street Address (If Different From parent's)

Phone Number _____

Does the student(s) have any medical/behavior problems or concerns we should be aware of?

This child is enrolling in:

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Total Monthly Tuition for student #2 _____

Cambridge School of Ballet Registration Form Page 3

Student #3 Last Name _____ First Name: _____

Date of birth ____/____/____ School Grade _____ School Attending _____

Street Address (If Different From parent's)

Phone Number _____

Does the student(s) have any medical/behavior problems or concerns we should be aware of?

This child is enrolling in:

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Total Monthly Tuition for student #3 _____

Please read and sign the following:

I have read and understand the Studio Policies of Cambridge School of Ballet. I agree to pay tuition and all fees by the 1st of each month with a grace period until the 7th and any money not turned in by the due date will incur a \$20 late fee. I also understand that if my check is returned for any reason, I will be responsible for a \$35 return check fee. If at anytime my child will not be coming back to classes, the director must be given two weeks notice in writing, and my tuition responsibility will continue until this is done. I also acknowledge there is a mandatory non-refundable Performance Fee if my child will be performing in the Nutcracker or spring Recital*. Dancing is a vigorous physical activity, and as with all physical activities, injuries are possible. I understand and will not hold Cambridge School of Ballet or its teachers responsible for any injury or loss that may occur. While my child is attending Cambridge School of Ballet, I understand my child should be covered by my own insurance and I will not hold Cambridge School of Ballet responsible for accidents that may occur. I give my child permission to participate at Cambridge School of Ballet and allow his or her name and/or photos to be used for display or studio use which may include posting on our website.

I _____ do hereby allow my child(ren) _____

to fully participate in Cambridge School of Ballet programs.

Parent/Guardian Signature _____ **Date** _____

*Performance Fee is non-refundable and includes rental costume and two tickets for the Nutcracker performance, and one take-home costume and two tickets for spring recital. Please see Wendy Gohn for payment arrangements.

Cambridge School of Ballet Registration Form, Extra Student Form

Student Information

Student #4 Last Name _____ First Name: _____

Date of birth ____/____/____ School Grade _____ School Attending _____

Street Address (If Different From parent's)

Phone Number _____

Does the student(s) have any medical/behavior problems or concerns we should be aware of?

This child is enrolling in:

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Total Monthly Tuition for student #1 (office will calculate) _____

Student #5 Last Name _____ First Name: _____

Date of birth ____/____/____ School Grade _____ School Attending _____

Street Address (If Different From parent's)

Phone Number _____

Does the student(s) have any medical/behavior problems or concerns we should be aware of?

This child is enrolling in:

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Class name _____ Day _____ Time _____

Total Monthly Tuition for student #2 _____

