

FESTIVAL BALLET PROVIDENCE
SCHOOL

Summer Dance 2018 Registration Form

Student Information

Student's Status: New Returning

Student's Name: _____

Home Phone: (____) _____

Address: _____

Work Phone: (____) _____

City: _____

Cell Phone: (____) _____

State: _____ Zip: _____

Sex: M ___ F ___ Academic Grade : _____

Date of Birth: ____/____/____ Age: _____

Name of Academic School: _____

This section to be filled out if the student is a minor:

Guardian 1 Name: _____

Guardian 2 Name : _____

Business Affiliation: _____

Business Affiliation : _____

Business Phone: (____) _____

Business Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Medical Information

Name of Policy Holder: _____

Health Plan/Insurance Company: _____

Policy Number: _____

Primary Care Physician: _____

Phone Number: (____) _____

Pertinent Medical Information (allergies, medications, etc): _____

Emergency Contact (other than guardians): _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

In the event that any serious injury shall occur involving the student, I wish for Festival Ballet Providence supervisory personnel to take appropriate steps to notify me immediately, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for the student.

Guardian Signature: _____

Date: _____

Contact Information for Class Cancellations and Invoicing

Contact Name: _____

Phone:(____) _____

Contact Email: _____

Registration Information

Sessions:

Session 1: June 11- June 30 (3 weeks)

Session 2: July 2- July 22 (3 weeks)

Session 3: July 23 – August 11 (3 weeks)

Session 4: August 12 – September 1 (3 weeks)

Summer Camps Session:

August 13 – August 17

Session	List Each Class(es)/Camp Below	Day	Time

Training Information

(if applicable)

Consecutive years of dance training: _____

Number of years on pointe (if applicable): _____

Number of classes per week: Ballet _____ Jazz _____ Modern _____ Other _____

Have you previously studied at Festival Ballet Providence? ___Yes ___No

If yes, list dates of study: _____

List school(s) and teacher(s) where you are presently studying: _____

Registration Policies:

- **Registration for all classes and camps:** A **non-refundable \$10** registration fee (waived if register before April 2, 2018).
- Checks deposited with insufficient funds will be subject to a \$25 fee.
- A minimum of 5 students must be registered for a class to be held. If we do not have full enrollment one week prior to camp and/or classes, we will notify you of class cancelation.
- There are no tuition refunds/credits on missed and/or dropped classes.

Agreement Statement:

I have read and I accept responsibility for all the above registration policies.

Signature

____/____/____
Date