



Deb Perry

Creative Arts Council
School of Ballet
Registration for 2011-2012
 Beth Lampton, Director

CAC School of Ballet provides premier instruction in classical ballet to students age 3 ½ through adult. The experienced staff holds the philosophy that ballet develops physical coordination and strength. This athletic activity instills discipline, focus and a healthy self-esteem. The resulting confidence, grace and poise may become lifelong attributes.

(This form needs to be completed for all students prior to participation in ballet class.)

Student's Name: _____

Student's address: _____ City/ST/Zip: _____

Student's phone number: _____

Parents/Guardian's names: _____

Adult's Phone number. Day: (____) _____ Eve: (____) _____

Other responsible adult's phone number for urgent use: (____) _____ (name) _____

E-mail: _____ Who drives student _____

Student's date of birth: ____ / ____ / ____ Current grade/school system: _____

Preschool or kindergarten student attends: " AM " PM Check here if home-schooled: "

Special medical or health factors: _____ "None T-shirt Size (adult or child) _____

I understand that the art of dance and nature of dance instruction may sometimes require a teacher to touch my child/me. I also understand that this will happen in a respectful, gentle and appropriate manner. I understand, further, that photographs and movies of dancers are sometimes used by the School of Ballet for promotional purposes.

I, the undersigned, do NOT hold CAC, its School of Ballet, or any of its staff or guest faculty responsible for any accident that may happen by nature of the physical, athletic activity engaged in while attending classes, rehearsals or performances at CAC or off site. I hereby authorize the instructor/staff of CAC and/or School of Ballet to act for me in any emergency requiring medical attention, if the above responsible adult(s) cannot be reached. I understand that all participating students are required to have their own accident insurance coverage.

I agree to pay tuition in full or in seven equal installments monthly and enclose here a tuition payment plus \$10.00 registration fee with this completed registration bearing my signature to be submitted prior to my student's participation in first class.

Signature _____ Date: _____

Tuition Information:

Enclosed check # _____ for amount: _____

" \$10 Registration fee paid

" Sept. First of 7 Installments Paid or Full Term Tuition Paid

" **Membership (optional)** must be paid with registration to qualify for discount

For office use: Teacher: PT JL JM
 Class _____ Day _____ Time _____

Other class _____ Day _____ Time _____

Tuition: Year _____ Each installment of 7:\$ _____