

# 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 \_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Academic School: \_\_\_\_\_ Academic Grade : \_\_\_\_\_

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