Metropolitan Ballet
est. 1989 THEATRE & ACADEMY

SUMMER 2020 REGISTRATION

_____ _____ _____/_____/_____

NAME OF STUDENT STUDENT AGE BIRTH DATE

ADDRESS: _____

PARENT/GUARDIAN 1: _____ Cell: _____

PARENT/GUARDIAN 2: _____ Cell: _____

OTHER EMERGENCY PHONE NUMBERS: _____

PARENT/GUARDIAN EMAIL ADDRESS(ES): _____

(MOST CORRESPONDENCE WILL BE SENT VIA EMAIL)

STUDENT EMAIL ADDRESS (IF APPLICABLE): _____

STUDENT'S SCHOOL: _____ GRADE 2020/2021: _____

_____

STUDENT'S PREVIOUS DANCE EXPERIENCE (PLEASE SPECIFY SCHOOLS, LENGTH OF TRAINING)

REGISTERING FOR: *(If registering for a Ballet Bundle, please note which Level; no substitutions allowed on class bundles at discounted tuition.)*

PROGRAM:_____DATES:/TIME_____ TUITION:_____

PROGRAM:_____DATES:/TIME_____ TUITION:_____

PROGRAM:_____DATES:/TIME_____ TUITION:_____

TOTAL TUITION: _____

TOTAL DUE: _____

Place in class is reserved upon payment of non-refundable 50% deposit. Balance due by June 15, 2020. Tuition is not refundable. Payment plans and limited need-based scholarships available. Please inquire with MBT office.

☐ Check enclosed payable to MBT in the amount of :$_____ ($25 returned check fee)

☐ Please charge my credit card the following amount: $_____

Card Number:_____ Exp Date: _____/_____ Sec Code: _____

Parent/Guardian Consent: I agree to pay the above tuition, and to read and follow MBT's Code of Conduct and liability policy. Ballet and other forms of dance are physical in nature and participant and parent assume all risks and liabilities associated therewith. Parents authorize MBT to administer first aid if necessary, and parents will be informed as promptly as possible by MBT if injury or illness occurs. I give permission for photos and/or video likeness of my child to be used in publications, press releases, video productions and website pages made by and for Metropolitan Ballet Theatre , Inc.

_____ _____ _____/_____/_____

Signature of Parent or Guardian Printed Name Parent or Guardian Date