

\_\_\_\_\_  
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 2021/2022: \_\_\_\_\_

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

**REGISTERING FOR:** *(When purchasing 4 weeks of camp, the 5<sup>th</sup> week is free. Free week must be of equal or lesser value. Eligibility for this offer requires registration for five or more weeks at the same time.)*

PROGRAM: \_\_\_\_\_ DATES:/TIME \_\_\_\_\_ TUITION: \_\_\_\_\_

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**TOTAL TUITION:** \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

Capacity is limited and 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 on file at MBT for the following:  50% deposit OR  full tuition due

Please charge this credit card the following:  50% deposit OR  full tuition due

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