



301 North Harrison Street, Princeton, NJ 08540
phone: 609.921.7758 fax: 609.921.3249

Registrations for students **new to the school** will be processed after June 30th.

~~PLEASE PRINT and fill in ALL information~~

Date _____ Student Level for 2009/2010 _____

STUDENT INFORMATION

Student's Name (First) _____ (Last) _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Student Cell Phone _____

Birthdate ____/____/____ Male/Female _____ Height (in inches) _____

Academic School _____ Grade (year 2009-2010) _____

Emergency Contact name _____ Emergency Contact Phone # _____

Important school information is disseminated through email, please provide an email address.

Parent email: _____ Student email: _____

PARENT/GUARDIAN INFORMATION

Person to be Billed _____

Address (if different from above) _____

City _____ State _____ Zip _____

Parent #1 or Guardian Name _____ Relationship _____

Employer _____ Cell Phone _____ Business Phone _____

Parent #2 or Guardian Name _____ Relationship _____

Employer _____ Cell Phone _____ Business Phone _____

Does the student have any physical or emotional characteristics that this year's teacher needs to know to make this a positive learning experience? _____

Name(s) of sibling(s) registering 2009-2010: _____

Would you like to volunteer? _____ Special Skills? _____

Are you new to us this year? yes _____ no _____ How did you hear about us? _____

Are you returning after an absence? _____

<input type="checkbox"/> Reg <input type="checkbox"/> Comp <input type="checkbox"/> RB <input type="checkbox"/> NB <input type="checkbox"/> MP <input type="checkbox"/> Conf
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Student Name _____ Home Phone Number _____

**THIS APPLICATION MUST BE SIGNED FOR ADMISSION INTO
ARB's PRINCETON BALLET SCHOOL**

I have read the registration information and understand the school's policies as outlined. I understand that this registration contract represents a financial commitment from September through May. There are NO REFUNDS on tuition. Adjustments may be made only under exceptional circumstances and upon receipt of written notification by the Director and are subject to the approval of the Board of Trustees. I certify that my child is in good health and capable of participating in all school activities and classes. I hereby give permission for ARB's Princeton Ballet School to take photographs and video recordings for promotional use. I understand that ARB's Princeton Ballet School cannot be responsible for any lost or stolen items.

Signature of Parent or Guardian required (if student is under 18) _____

Signature of Student required (if student is 18 or over) _____

If you are new to us this year and are registering for *Children's Intermediate I or above*, have you attended a placement class? _____ Date: _____ Dancers age 5 and under do not need a placement class.

Class Level	Day	Time	Studio Letter	Instructor	Class Code
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____	_____

_____ Total number of classes weekly

_____ Full tuition amount (Please note that you are registering for **September through May**).

_____ Subtract \$25 for second family member (discount will be applied to child's last tuition payment)

_____ Tuition total _____ Initial Payment _____ Date

_____ I would like to add a tax deductible contribution of \$ _____ towards the ARB's Princeton Ballet School Scholarship Fund (to be paid at the time of registration).

_____ Total payment at registration

Make checks or money orders payable to **ARB's PRINCETON BALLET SCHOOL**
We cannot accept cash.

I would like to charge: initial payment subsequent payments (Finance Office will send an **authorization form** to you)

VISA _____ MASTERCARD _____ American Express _____ Amount \$ _____

Card Number _____ Exp. Date _____

Name of Cardholder _____ Signature x _____ Today's Date _____