

2010 Summer Registration Form • ARB's Princeton Ballet School

Summer Intensive Intermediates

Please complete both sides of this form.

Today's Date _____ Student Ballet Level just completed _____

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

Academic Grade 09/10 _____ Current Ballet School _____ Number of years on pointe _____

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

Street Address _____ City _____ State _____ Zip _____

Home Telephone _____ E-mail address _____

Emergency Phone _____ Emergency Contact Name: _____

Person to be billed _____

Street Address (if different) _____ City _____ State _____ Zip _____

Parent/Guardian #1: _____ Relationship: _____

Cell Phone: _____

Parent/Guardian #2: _____ Relationship: _____

Cell Phone: _____

Does the student have any physical or emotional characteristics that we need to know about in order to make this a positive learning experience? _____

Are you new to us this year? Yes No Are you returning after an absence? _____

REGISTERING FOR THE WEEKS OF:

- Five weeks \$1375
- Four weeks \$1200
- Three weeks \$975
- Two weeks \$675
- One week \$400

Please select weeks attending:

- June 28-July 2 July 5-July 9 July 12-16
- July 19-23 July 26-30

Please check here if you are interested in early drop-off.

Reservations may be made by presenting payment of half of the tuition. The remaining half will be due no later than June 1, 2010.

_____ Full tuition amount

_____ Add \$25 per week for early drop off

_____ **Tuition total**

Initial payment \$ _____ Today's date _____

If student withdraws prior to June 1, all but \$25 per week of fees paid can be refunded or credited. Withdrawals after June 1 are subject to partial refund only. Withdrawals during the weeks for which the student has registered will carry no refund or credit.

PAYMENT: Check enclosed

Make checks payable to: **ARB's Princeton Ballet School.**

WE CANNOT ACCEPT CASH.

I would like to charge my:

- Visa MasterCard American Express Discover

Name on Card _____

Exp. Date _____

Card Number _____

Signed _____

Date _____

How did you hear about ARB's Princeton Ballet School? _____

Complete form and mail to: ARB's Princeton Ballet School, 301 North Harrison Street, Princeton, New Jersey 08540
Telephone: 609-921-7758 or fax to: 609-921-3249

FOR OFFICE USE ONLY

Please complete both sides of this form.

**This application must be signed for admission into
ARB's Princeton Ballet School Summer Programs**

I have read the registration information and understand the school's policies as outlined. I understand that this registration contract represents a financial commitment. There are NO REFUNDS on tuition except as follows and upon Director's receipt of written notification. ***if student withdraws prior to June 1, all but \$25 per week of fees paid can be refunded or credited. Withdrawals after June 1 are subject to partial refund only. Withdrawals during the weeks for which the student has been registered will carry no refund or credit.*** 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 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* _____

Signature of Student *required* _____