

# Summer Intensive Juniors

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 \_\_\_\_\_

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

**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* \_\_\_\_\_