

REGISTRATION FORM

SUMMER

2018 OPEN

ENROLLMENT/HAND-IN-

HAND SUMMER COURSES

FOR CHILDREN

FOR OFFICE USE ONLY

Date/Time _____ Rec by _____

Student's First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Birthdate (for those under 18 years of age) ____/____/____ ☐ Male ☐ Female Academic Grade (year 2017-2018) _____
month day year

Email _____

Home Telephone _____ Cell Phone _____

**Information and announcements will be distributed via e-mail.
Please provide a reliable e-mail address and put arballet.org in your safe list.**

If registering for Hand-in-Hand, please list the name of the parent/caregiver who will be taking the class:

Parent or Guardian: Title _____ Name _____ Relation to Student _____

Emergency Contact:

Title _____ Name _____ Relation to Student _____

Emergency Contact Phone 1: _____ Emergency Contact Phone 2: _____

Are you a returning student? Yes ☐ No ☐ How did you hear about us? Please check all that apply.

☐ Brochure ☐ Ad in _____ ☐ Website _____ ☐ Word of Mouth ☐ Current Student ☐ Other _____

	CLASS NAME	DAY	TIME	ROOM	INSTRUCTOR	CLASS CODE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

— PLEASE COMPLETE THE REVERSE SIDE —

REG _____	COMP <input type="checkbox"/>	<input type="checkbox"/>	RB _____	NB _____	SD _____	CONF _____	_____	_____	_____	_____
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REGISTRATION FORM SUMMER 2018 OPEN ENROLLMENT/HAND-IN- HAND SUMMER COURSES FOR CHILDREN

Student Name _____ Preferred Phone Number _____

_____ TOTAL NUMBER OF CLASSES WEEKLY

_____ TUITION

_____ TOTAL

_____ I would like to add tax deductible contribution of \$ _____ to the Princeton Ballet School scholarship fund, which goes to benefit need-based scholarships. Please include this donation in your initial payment.

_____ TOTAL PAYMENT AT REGISTRATION

PAYMENT: ☐ Check enclosed – Make payment payable to: Princeton Ballet School. We cannot accept cash.

I would like to charge my: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on Card _____ Card Number _____

Signed _____ Exp. Date _____ Today's Date _____

THIS APPLICATION MUST BE SIGNED FOR ADMISSION INTO PRINCETON BALLET SCHOOL.

I have read the registration information and understand the school's calendar and policies as outlined. I understand that this registration contract represents a financial commitment for the classes I have indicated. 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 this student is in good health and capable of participating in all school activities and classes. I hereby give permission for Princeton Ballet School to take photographs and video recordings for use in the organization's materials online and in print. I understand that Princeton Ballet School cannot be responsible for any lost or stolen items. All class makeups must be done within the summer session.

I agree that I cannot hold Princeton Ballet School, The Princeton Ballet Society, or any agent, representative, faculty member or employee, liable for injuries or illnesses contracted by me while a student/participant of Princeton Ballet School Summer Intensive. I also agree that I cannot seek indemnification, reimbursement or any other type of compensation from Princeton Ballet School, The Princeton Ballet Society or any agent, representative, faculty member or employee, liable for any injuries or illnesses contracted by me while a student/participant of Princeton Ballet School.

In the event of a medical emergency, Princeton Ballet School has my permission to authorize first aid and/or lifesaving treatment to the participant listed above. In the event of an emergency, every effort will be made to contact me immediately. If I cannot be reached and emergency care is necessary, Princeton Ballet School will call an ambulance to transport the participant to the closest hospital. Princeton Ballet School will not be responsible for any medical charges incurred.

Student Signature (If over 18 years of age) _____

Parent or Guardian Signature (If under 18 years of age) _____

Complete this form and mail to:

Princeton Ballet School
301 N. Harrison St.
Princeton, NJ 08540
or fax to: 609-921-3249
or e-mail to: princetonballetschool@arballet.org
Web: www.arballet.org • Telephone: 609-921-7758

Make-up classes cannot carry over into any other session.

Princeton Ballet School cannot be responsible for any items lost or stolen.