

Rhythm & Movement A or B

Creative Dance A or B 4 year old (by Sept 1st)_____

year old (by Sept 1st)

PreBallet 1 A or B 5 year old (by Sept 1st)_____ PreBallet 2 A or B

MDSB 2023-2024 Registration Form

	2024 Registration Form				6 year old (by Sept 1st)
Student Name			Gender		Primary 7 year old (by Sept 1st)
Date of Birth			Age		
Street Address			-		Intro to Ballet
City			Zip Code		Ballet 1
Academic School			Grade		Ballet 2A
	-				Ballet 2B
	Mother and/or Guardian	Father and/or G	uardian		Ballet 3
Name					Ballet 3 *Saturday Class
Cell Phone					Ballet 4A
Work Phone (s)					Ballet 4B
Email Address					Ballet 4
					*Saturday Class Ballet 5
Emergency Conta	ct Information (other than parent/guar	rdian)			banet 5
Name					Character 1
Relationship to St	udent				Advanced
Phone					Character 2
					Character 3
Medical History I	nformation				Beginner/Intermediate
Please list any known medical problems, allergies, or medications being taken:					Contemporary 1
· · ·		8			Contemporary 2
Family Physician:					Beginner/Intermediate PBT
					FDI Ballet 4 & Ballet 5 Only
Dance Training H	listory:				
	*				For Office Use ONLY
					Registration Fee:
How did you hear about us?					Monthly Tuition:
Liton ala you lical	a about do.				Tuition Ledger:
E.c.s.					Square:

Fees:

Registration fees are non-refundable and non-transferable. Spring Performance Fees are non-refundable after November 15th. Monthly tuition is due on the first of the month (\$10 late fee after the 10th), regardless of the student's attendance. Tuition is based on a yearly schedule that can be paid in nine equal payments. A \$35 fee will be assessed for any returned checks. There will be no refunds due to the student missing classes. If at any time your child will not be coming back to classes, the Artistic Director must be given two (2) weeks' notice in writing; your tuition responsibility will continue until this is done.

Waiver of Liability:

I agree that I will not hold the Mount Dora School of Ballet or any faculty member or employee liable for injuries sustained or illnesses contracted by my child while a student at the Mount Dora School of Ballet. If medical attention is required during class time, I understand that I will be contacted immediately. If I cannot be reached, I give my permission for an administrator of the Mount Dora School of Ballet to authorize treatment.

Photo Release:

I grant Mount Dora School of Ballet the right to take photographs of the above-named student. I grant Mount Dora School of Ballet the permission to use said photos with or without identification for any lawful purpose including but not limited to publicity, illustration, advertising, and Web content.

Parent/Student Handbook:

I have read, understand and accept the Mount Dora School of Ballet Parent/Student Handbook and agree to abide by the rules and regulations.

Both parties, Mount Dora School of Ballet, and the Student/Parent/Guardian, understand and agree this is a contract binding for both parties.

Signature _

Date