

Office Use:	Date Enrolled:		Square:		Tuition Ledger:	
Storybook:			Jr. Workshop		Summer Intensive	

2024 Summer Programs Registration Form

Last Name (as on birth certificate)	First Name (as on birth certificate)	Middle Name	Suffix
Also Known As	Birth Date	Academic School	Academic Grade

Student Lives with:	<input type="radio"/> Both parents in one home <input type="radio"/> Mother Only <input type="radio"/> Foster Parent <input type="radio"/> Other custodial situation <input type="radio"/> Both parents in two homes <input type="radio"/> Father Only <input type="radio"/> Group Home
Legal Alert? (ex. Custody, restraining order, etc)	

Family 1: Parent/Guardian #1 – this is the student’s main address and home phone number.

***Please list the parent/guardian within each family group in order of contact priority**

Last Name (as on drivers license)	First Name (as on drivers license)	Middle Name	Relationship to Student
Primary Phone	Work Phone	Primary email address	
Address	Apt #	City/State	Zip Code
Custodial Parent?	Emergency Contact?	Pick up Student?	
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Family 1: Parent/Guardian #2 – **at the same address as above**

Last Name (as on drivers license)	First Name (as on drivers license)	Middle Name	Relationship to Student
Primary Phone	Work Phone	Primary email address	
Address	Apt #	City/State	Zip Code
Custodial Parent?	Emergency Contact?	Pick up Student?	
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Family 2: Parent/Guardian #1

Last Name (as on drivers license)	First Name (as on drivers license)	Middle Name	Relationship to Student
Primary Phone	Work Phone	Primary email address	
Address	Apt #	City/State	Zip Code
Custodial Parent?	Emergency Contact?	Pick up Student?	
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Family 2: Parent/Guardian #2 – **at the same address as above**

Last Name (as on drivers license)	First Name (as on drivers license)	Middle Name	Relationship to Student
Primary Phone	Work Phone	Primary email address	
Address	Apt #	City/State	Zip Code
Custodial Parent?	Emergency Contact?	Pick up Student?	
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Other contacts:

Last Name (as on drivers license)	First Name (as on drivers license)	Middle Name	Relationship to Student
Primary Phone	Work Phone	Pick up Student?	Emergency Contact?
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Last Name (as on drivers license)	First Name (as on drivers license)	Middle Name	Relationship to Student
Primary Phone	Work Phone	Pick up Student?	Emergency Contact?
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Last Name (as on drivers license)	First Name (as on drivers license)	Middle Name	Relationship to Student
Primary Phone	Work Phone	Pick up Student?	Emergency Contact?
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Medical History Information

List any Medical Problems	Allergies and reaction	Medications
Family Physician	Physician Phone Number	

Dance Training History

Dance Schools	
How did you hear about us?	

Fees: Registration fees are non-refundable and non-transferable. 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 _____

4280 N. Hwy. 19A, TriCenter-Suite #4, Mount Dora, FL. 32757 – Phone: 352-357-5537

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