



REGISTRATION



Please print clearly

STUDENT INFORMATION

Last Name _____ First Name _____

Date of Birth Month _____ Date _____ Year _____ Academic Grade (Sept. 2016) _____

Street Address _____

City _____ Zip _____

Telephone: Primary _____ Secondary _____

E:mail: (primary) _____

ALLERGIES Yes _____ explain in writing. Students with allergies must wear allergy alert identification.

Parents / guardians of students with life threatening allergies or physical challenges must remain in the lobby/waiting area.

PARENT/GUARDIAN NAME Mr. _____ Mrs. _____ Ms. _____ Miss _____

Last Name _____ First Name _____

LEVELS OF STUDY

Creative, age 3 _____

Pre-Primary, age 4 _____

Primary A, age 5+ _____

Primary B, age 6+ _____

Primary C, age 7+ _____

LEVELS (age 8.5 to 18)

1 _____ 2 _____ 3 _____ 4 _____

4 _____ 5 _____ Advanced 6-7 _____

ADULTS Ballet _____ Yoga _____ Other _____

PRIVATE INSTRUCTION _____

Audition/interview is
required for
Level 1 and higher

REGISTRATIONS VALIDATED WITH

- non-refundable deposit - this is applied to the annual tuition
- 3 checks dated Sept. 1, Oct. 1, Nov. 1, of equal amounts that total the annual tuition 1 check dated Feb. 1, 2017 for the ABT Ballet Examination Presentation fee (applicable to students Primary A & Higher)
- signed and dated registration form

Tuition is posted on the website or in the handbook.

Class placement is determined by the School Director

PARENT/GUARDIAN CONSENT

I, the undersigned;

- agree to comply with CSB policies as outlined on the website and, or, in the hand-book
- understand CSB trains students age 5 and older in the AMERICAN BALLET THEATRE National Training Curriculum, and, I allow my child to be entered in the ballet examination presentation upon the recommendation of the School Director
- am fully aware that the registered person is in good health and able to participate
- give permission to use the registered person's name, photograph or likeness in advertisements, printed material, website or video.
- agree to work cohesively with the school director, faculty and staff to create a positive atmosphere for education in the dance arts

Parent / Guardian Signature _____

Date _____

How did you hear about us? Newspaper _____ Internet/Web _____ Referral (please name) _____

Studio Locations

Weekday

Garden City Jewish Center
168 Nassau Blvd, Garden City

Weekend

Adelphi University Performing Art Center
1 South Ave., Garden City

carolyn@classicalschoolofballetli.com

516 476-3339

Mailing Address—Office

CLASSICAL SCHOOL OF BALLET LI
225 Willow Lane
Valley Stream, NY 11580

www.classicalschoolofballetli.com