



REGISTRATION 2015-16

CSB invites students that choose dance as a means to enrich their lives through an education in the dance arts.



Please print clearly

STUDENT INFORMATION

Last Name _____ First Name _____

Date of Birth Month _____ Date _____ Year _____ Academic Grade (Sept. 2015) _____

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 A, age 2.9 month+ ___

Creative B, age 3, born 2012 ___

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 ___

ADULTS Ballet ___ Mat Condition ___

PRIVATE INSTRUCTION ___

An audition/ interview is required for Level 1 and higher.

REGISTRATIONS VALIDATED WITH

- non-refundable deposit
- 3 checks dated Sept. 15, Oct. 15, Nov. 15, 2015 of equal amounts that total the annual tuition.
- 1 check dated Feb. 15, 2016 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 _____

Studio Locations

Weekday	Weekend
Garden City Jewish Center 168 Nassau Blvd, Garden City	Adelphi University Performing Art Center 1 South Ave., Garden City

Mailing Address

Children's School of Ballet
225 Willow Lane
Valley Stream, NY 11580