

FRESH POND BALLET REGISTRATION FORM

CHILD'S NAME: _____
TELEPHONE: _____ (home), _____ (cell)
ADDRESS: _____ (work)

E-MAIL: _____

CIRCLE session: SUMMER, SEPT.-JAN., JAN.—JUNE

CLASSES: Write the level, the day and the time in the space below. If you have an alternate day possible please write it down.

LEVEL: _____ **DAY(s):** _____ **TIME(s):** _____

PREVIOUS LEVEL and lesson day (if you have enrolled before):

We will hold a space for you when we receive this form and tuition. Please mail to:
Fresh Pond Ballet, c/o Nina Alonso Hathaway, 127 Lake View Ave.,
Cambridge, Ma., 02138.

TUITION paid: _____

WAIVER: please list any medical condition, allergies, previous injuries, spinal or joint conditions, or any learning issue that affects your child. Parents are responsible for informing the director fully, and are required to update this information. Parents are responsible for placing a child in an active ballet class.

PARENT'S signature here: _____

I have read the information above and take responsibility for fully reporting relevant information about my child and for placing my child in ballet. I hold Fresh Pond Ballet completely harmless concerning all dance activities. I will provide safe and prompt escort and supervision for my child at all times.

NEW STUDENTS:

Please list dance and activity background, including sports.

How did you hear about Fresh Pond Ballet? Thanks for letting us know.

