



Phone: (617) 354-7467 Fax: (617) 354-7856

Summer Elementary Program 2010 Registration Form

Student Information

Name of Student _____

Date of Birth ____/____/____ Age _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone (_____) - _____ - _____

Parent/Guardian One

Name of Parent/Guardian _____

Home Address (if different from student's) _____

City _____ State _____ Zip _____

Home Phone (if different from student's) (_____) - _____ - _____

Work/Secondary Phone (_____) - _____ - _____ Employer _____

Email _____

Parent/Guardian Two

Name of Parent/Guardian _____

Home Address (if different from student's) _____

City _____ State _____ Zip _____

Home Phone (if different from student's) (_____) - _____ - _____

Work/Secondary Phone (_____) - _____ - _____ Employer _____

Email _____

Billing Information (if different from above)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) - _____ - _____

Master Card or Visa # _____ - _____ - _____ **Expiration Date** _____

Continued on Back

Please check the program you will be attending:

Summer Elementary Program (Ages 3-12) June 28 – July 30

Class/Level _____:

Day(s) in Attendance (Please check)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Tuition \$ _____

Registration Fee \$ _____ *\$10 for Summer Elementary Program (waived if currently enrolled)*

Total \$ _____

Tuition is due in full at the time of enrollment. There are no refunds for classes missed except with a valid, written medical excuse.

To Enroll:

Please complete the enclosed registration form and return it with tuition plus registration fee (if applicable) to:

José Mateo Ballet Theatre
400 Harvard Street
Cambridge, MA 02138
ATTN: School Programs Manager

Registration Agreement

I hereby enroll the above named student in José Mateo Ballet Theatre’s Summer Elementary Program 2010. I understand that payment is due at the time of enrollment. I understand that after registration has been received by JMBT, should the student, for whatever reason, be unable to attend, withdraw from the program, be dismissed for cause, or be absent from the program, **payments will NOT be refunded.**

I am aware that ballet training and the exercises associated with it can place stresses on the body and can risk physical injury. On behalf of the above named student and myself, I assume this risk and agree that José Mateo Ballet Theatre will not be liable in any way for injuries sustained during attendance at the school or related functions.

Parent/Guardian Signature _____ Date ____/____/2010

Emergency Contact other than Parent/Guardian(s) listed on first page

Name _____

Relationship _____

Telephone (____) - ____ - _____ Secondary Telephone (____) - ____ - _____