

Cambridge Studios & Office
400 Harvard Street
Cambridge, MA 02138
P: 617 354 7467
registration@ballettheatre.org
www.ballettheatre.org



Dorchester Studio
14 Cushing Ave
Dorchester, MA 02125
P: 617 354 7467
registration@ballettheatre.org
www.ballettheatre.org

Young Dancers Program 2019-2020 Dorchester January Registration Form

To Register:

- 1) Complete both sides of this Registration Form and **sign**.
- 2) Complete and **sign** the Email Verification Form and other paperwork.
- 3) Enclose your payment, and/or Financial Aid Form.
- 4) Return your form through one of the following options:
by mail to: Dorchester Registration, José Mateo Ballet Theatre, 400 Harvard Street, Cambridge, MA 02138
scan & email to: registration@ballettheatre.org

Student Information

New Student _____

Returning Student _____

Name of Student _____

Date of Birth ____/____/____ Age ____ Grade in School ____ Gender _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ School _____

Is there any medical history we should be aware of? No__ Yes__ (If yes, please complete medical form.)

Parent/Guardian I

Name _____

Cell Phone _____ Email _____

Employer _____ Work Phone _____

Parent/Guardian II

Name _____

Address _____

Cell Phone _____ Email _____

Employer _____ Work Phone _____

Registering For

Day(s) in attendance: Monday Wednesday Saturday

Creative Dance I + II (ages 3 and 4) Pre-Ballet I (age 5) Pre-Ballet II (age 6)

Ballet Level I (age 7+) Ballet Level II (by audition) Ballet Level III (by audition)

Emergency Contact other than Parent/Guardian

Name _____ Relationship _____ Tel _____

Enrollment in the Young Dancers Program is through the end of May. The first tuition payment is due at the time of registration. There are no refunds unless medical documentation is provided. For customers in good standing, payments may be made on an installment plan. The installment plan may be paid monthly (payment due each month from February to May) or in two halves (on enrollment and on February 1).

Tuition listed below is prorated for students beginning in January.

Creative Dance I + II	\$385/year	(\$77/month)	1 class / .75 hours per week
Pre-Ballet I	\$385/year	(\$77/month)	1 class / .75 hours per week
Pre-Ballet II	\$500/year	(\$100/month)	1 class / 1 hour per week
Level I	\$555/year	(\$111/month)	1 class / 1.25 hours per week
Level II	\$1515/year	(\$303/month)	2 classes / 3 hours per week
Level III	\$1600/year	(\$320/month)	3 classes / 6 hours per week

Policies regarding missed classes:

Please note that there are no reimbursements for missed classes. If for any reason a student is unable to attend class, a parent or guardian must notify the school before the start of each class.

Tuition Fees

Select Your Payment Plan Payment in Full

Two Installment Plan Installment amount (1/2 full tuition): \$ _____

Monthly Installment Plan Installment amount (1/5 full tuition): \$ _____

Full Tuition (from table above): \$ _____

Initial Amount Enclosed: \$ _____

Select Your Installment Payment Method Credit Card Check Cash Money Order

Payment/ Payer Name _____

Billing Info Billing Street Address _____

City _____ State _____ ZIP _____

Credit Card Number: _____ Exp. Date: _____

If paying by credit card, choose one: Visa MasterCard AmEx Discover

Registration Agreement:

I hereby enroll the above named student in José Mateo Ballet Theatre Young Dancers Program. I understand that payment is due in full at the time of enrollment or by the installment plan as listed above.

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 grant José Mateo Ballet Theatre the rights to make still photo and audiovisual recordings of my child for advertising and promotion of the organization in whole or part, with or without my child's name.

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 ____/____/____

For Admin Purposes Only:

Pay #1: \$ _____ Date: _____ Pay #2 : \$ _____ Date: _____ Pay #3: \$ _____ Date: _____
 Pay #4: \$ _____ Date: _____ Pay #5 : \$ _____ Date: _____