



Student's Name _____
 Street Address _____ City _____ Zip Code _____ Apt# _____
 Home Phone # _____ Parent's Cell Phone # _____ Student's Cell # _____
 Parent /Guardian (or adult student) E-mail Address _____

To be included on our email list, please send your email address to gsbdance@comcast.net as soon as possible.

Registrants under 18 yrs:

Child's Age _____ Date of Birth _____ Entering grade _____ in Sept 2017
 School's Name _____ City _____
 Mother's Name _____ Occupation _____ Place of Business _____
 Father's Name _____ Occupation _____ Place of Business _____

Registrants 18 yrs & over:

Occupation/Place of Business _____
 If college student, name of college attending/year/major _____

All Registrants - Please complete:

- I am a NEW STUDENT and have listed my previous dance training on the reverse side.
- I am a CONTINUING STUDENT. I attended GSB during Fall/Winter/Summer ending _____
- I will be taking classes in NEWARK / RANDOLPH / RUTHERFORD. (circle the studio)

| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|------------------|------|------------------|------|------------------|------|------------------|------|------------------|------|------------------|------|
| Class | Time | Class | Time | Class | Time | Class | Time | Class | Time | Class | Time |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total hrs | | Total hrs | | Total hrs | | Total hrs | | Total hrs | | Total hrs | |

Enclosed is my **\$55.00** non-refundable Registration Fee, plus \$_____ for tuition.
TOTAL AMOUNT ENCLOSED: \$_____

***I understand that the School of the Garden State Ballet will not be responsible in any way if my child or myself were to incur any injuries in the studio or while on tour with the school.**
***I understand that there are no refunds or credit, in the event that I do not complete the course. A class with less than three students enrolled may be cancelled but we will try to accommodate you in another session.**
***I understand that tuition is due the 1st of every month and that a \$30.00 late fee is due if payment is not received by the 8th of the month.**

SIGNATURE _____ DATE _____
Student or Parent/Guardian of students under 18 years old

Office Use Only

| | | | | |
|-----|-------|-----|-------|------------|
| s/s | hrs | hrs | t/t | p/p |
| a/c | Wk/ | t/ | (sch) | |
| s/t | t/hrs | r/f | a/t | |
| m/r | @/ | t/t | Dp. | |
| d/t | t/ | | Bal. | |
| m/c | r/f | | | |
| p/p | t/t | | | Date sent: |