



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

Child's Age _____ Date of Birth _____ Entering grade _____ in Sept 2017

Mother's Name _____

Father's Name _____

Please circle the class and time(s) you are registering for:

Division & Level	Monday	Tuesday	Wednesday
Introductory Ballet (4 years old – Kindergarten)	---		4:45 – 5:30
Children's Beginner – Ballet I (1 st grade and up)	---		5:30 – 6:30
Children's Beginner Int. – Ballet II (7 – 12 years old)	5:00 – 6:30	5:00 – 6:30	
Summer Intensive Classes (Intermediate & Advanced levels)	Monday, Tuesday, Wednesday, Thursday July 5 th – August 4 th : 9:30 AM – 6:30 PM		

I understand that there are no refunds or credit, in the event that I do not complete the course.

SIGNATURE _____

DATE _____