



# 2011/2012 SCHOOL & OPEN CLASS REGISTRATION

Class Level: \_\_\_\_\_ MM, CM, PRIMARY ONLY: What day and time? \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE 09/2011 \_\_\_\_\_ GRADE 09/2011 \_\_\_\_\_

PRIMARY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SCHOOL ATTENDING IN 2011/2012 \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FATHER'S CELL PHONE \_\_\_\_\_ MOTHER'S CELL PHONE \_\_\_\_\_ STUDENT'S CELL PHONE \_\_\_\_\_

**Email is our main form of communication regarding schedules, invoices and reminders!**

FATHER'S EMAIL \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_

List all addresses where you would like to receive our notifications.

Email addresses are for ECB use only and will never be shared with other parties. STUDENT'S EMAIL \_\_\_\_\_

### FATHER/GUARDIAN INFORMATION:

### MOTHER/GUARDIAN INFORMATION:

NAME \_\_\_\_\_

NAME \_\_\_\_\_

*Please provide the following information ONLY IF DIFFERENT FROM STUDENT INFORMATION ABOVE:*

FATHER'S ADDRESS \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

### Permission to Leave Evergreen City Ballet Building For Level 1 through PD only. N/A to Mommy and Me, CM and Primary level students, and students 18 years and older.

*I/we understand that ECB is not responsible for my dancer once he/she leaves the ECB building. With my/our signature below, I/we give permission to leave the ECB building during class and/or rehearsal between the time he/she is dropped off and picked up on any given day to go:*

Anywhere with anyone     Leave building with other students     Student is NOT allowed to leave building

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ NEW STUDENTS ONLY: DID A REGISTERED ECB STUDENT REFER YOU TO US? IF YES, WHO? \_\_\_\_\_

With my signature I:

- (1) confirm that I have read and understood the POLICY AND WAIVER AGREEMENT on the back of this page.
- (2) confirm that I understand that ECB cannot be held responsible for my child leaving the building. I understand that it is my responsibility to make sure my child understands my "Permission to Leave" and follows it. Going to the courtyard or parking lot is considered "leaving the building".
- (3) give permission to ECB to take photos of my child or me (if student is 18 or older) to use for the purpose of promotion.

DATE \_\_\_\_\_ PARENT OR GUARDIAN'S SIGNATURE, OR STUDENT'S SIGNATURE IF 18 OR OLDER \_\_\_\_\_

### IMPORTANT: Please read and complete the "Policy/Waiver and Medical Form" on the back of this page!

For office use only:				
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