

Paulette's Ballet Studio

Summer Registration Form 2017

Student Name:	Age as of July 1, 2017:
Parent/Guardian Name(s):	
Street Address:	
City or Town	Zip Code
Home Phone:	Cellular Phone:
Email:	

Program Choice/s (check each that applies):

- Intensive Wk#1, Ages 8+ Medfield Studio, Mon-Fri, July 10-14 = \$475
 - Intensive Wk#2, Ages 8+ Newton Studio, Mon-Fri, Aug 21-25 = \$475
 - Both Intensive Weeks = \$900
 - NEW!** Junior Intensive, Ages 5-7, Newton Studio, Mon-Thurs, Aug 21-24, 9:00-Noon = \$250/week
 - NEW!** Baby Ballerinas, T/W/Th, 9:30-11am; \$80/week
Wk#1, June 6/7/8___; Wk#2, June 13/14/15___;
Wk#3, June 20, 21, 22___; Wk#4, June 27,28,29___
 - Tuesday Evening Skills-July 11-Aug 15, 6-Weeks: _____(\$110)
- Total Summer Tuition:** _____

Credit Card Number _____ Exp _____

Name as it Appears on Card _____

Billing Address if different than above: _____

Signature _____

To Register:

ONLINE: www.paulettesballetstudio.com

In Person: Completed form and payment at either studio.

Via US Mail: Completed form and payment to
Paulette's Ballet Studio, 16 Petrini Circle, Needham, MA 02492

Via E-mail: Scan/attach completed form to Alicia@paulettesballetstudio.com

I, the undersigned Parent or Guardian of the above student, release PAULETTE'S BALLETS STUDIO, including its instructors, employees, and assistants, from any and all injuries that my child or I may sustain while participating in the above programs. I agree that I am responsible for my child's health and accident insurance and any medical costs incurred due to injury. I give my permission for emergency medical transportation and treatment at my expense if the need arises. I give my permission for the public display of any studio pictures or video that may include images of my child, and that I have read and understood this information.

Signature _____ Date _____