SUMMER SESSION REGISTRATION FORM

Please Print Clearly, complete in full, and return with all applicable fees

Student's Last Name: _____

Student's First Name: _____

Parent / Guardian Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Tel #: _____ Parent Mobile Phone #: _____

Email Address: _____

Student's Birth Date: _____ Student's Age: _____

SESSION SELECTION & PAYMENT INFORMATION

☐ BALLETOMANE SUMMER INTENSIVE – Where Training Meets Artistry (Ages 7 to 18 Years +)

☐ August 9 - 20, 2027 (Monday to Friday - 9:30AM to 3:30PM) *Cost of $900*

Last Ballet Examination / Level Completed: _____

Last Modern Examination / Level Completed: _____

**Note: Students will be placed in Session Groups based on Age / Dance Level.*

☐ NURSERY SUMMER SESSIONS (Ages 3 & 4)

☐ August 23 - 27, 2027 (Monday to Friday - 9:30AM to 1:30PM) *Cost of $350*

☐ August 30 - Sept 3rd, 2027 (Monday to Friday - 9:30AM to 1:30PM) *Cost of $350*

☐ PRIMARY SUMMER SESSIONS (Ages 5 -7)

☐ August 23 - 27, 2027 (Monday to Friday - 9:30AM to 1:30PM) *Cost of $350*

☐ August 30 - Sept 3rd, 2027 (Monday to Friday - 9:30AM to 1:30PM) *Cost of $350*

Please make cheques payable to: *Balletomane Inc.*

CREDIT CARD PAYMENT INFORMATION

I authorize Balletomane Inc. to process the applicable fees to my credit card (information below):

Payment Type (Select One): ☐ Visa ☐ MasterCard ☐ AMEX ☐ Debit Card ☐ Cheque

Card Number: _____ Expiration Date: ____/____

Cardholder's Name: _____

Cardholder's Signature: _____

INSURANCE WAIVER

I hereby certify that my child is in good physical condition and is able to participate fully in the programme. I release ***Balletomane Inc.*** and its Artistic Faculty from liability in case of accident or injury. I understand that classes will be conducted in the safest possible manner by trained, professional faculty.

Signature:

Health problems or conditions of which Balletomane Inc. should be aware (medical, etc.):