

# SAINT LOUIS BALLET

GEN HORIUCHI, ARTISTIC DIRECTOR

## SUMMER PROGRAMS REGISTRATION FORM

Current student of St. Louis Ballet School

Name of Student \_\_\_\_\_

Birthdate and Age \_\_\_\_\_

### PLEASE CHOOSE WHICH PROGRAM

**CINDERELLA PRINCESS CAMP**

**July 11-15**

3-4 Year Old (of age before May 1)

5-6 Year Old (of age before May 1)

**SUMMER BALLET PROGRAM**

Wk 1=7/5-7/8, Wk 2=7/11-7/15, Wk 3=7/18-7/22 Wk 4=7/25-7/29

**Circle Weeks Desired**

Beg/Beg Interm. (Levels 2-3)

Wk 1 Wk 2 Wk 3

Intermediate (Levels 4-5)

Wk 1 Wk 2 Wk 3 Wk 4

Advanced (Levels 6-8)

Wk 1 Wk 2 Wk 3 Wk 4

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone numbers (include cell phone also for emergency) \_\_\_\_\_

Email \_\_\_\_\_

Name(s) of Additional Student(s) in SAME program

*Sibling Discounts are applied if registered in same summer program*

### TUITION FOR PROGRAMS

**Cinderella Princess Camp:**

\$135 Tuition + \$15 Registration

**Summer Ballet Program:**

Beg/Beg Interm (Levels 2-3)

\$158 per week; 10 classes/wk

(Week 1 is prorated to \$126)

Intermediate (Levels 4-5)

\$225 per week; 15 classes/wk

(Week 1 is prorated to \$184)

Advanced (Levels 6-8)

\$225 per week; 15 classes/wk

(Week 1 is prorated to \$184)

**HOST FAMILY OPTION \$350/wk**

I will need housing through the Host Family Program.

As a parent, I am interested in being a chaperone for a visiting student.

### TUITION TOTAL

First Child Program Total \_\_\_\_\_

Second Child \_\_\_\_\_

20% sibling discount, excludes Cinderella Camp

Registration Fee: \_\_\_\_\_

\$15 per family

Subtotal: \_\_\_\_\_

\*Deposit Due: \_\_\_\_\_

- \$50 (non-refundable)

Balance Due: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

*\* Once a student begins the program there will be no refunds on tuition for any reason as their position has already been held prior and can no longer be filled once the program has started.*

# SUMMER PROGRAM MEDICAL FORM TO BE COMPLETED

## Student's Medical Information

Student's Name \_\_\_\_\_

Student must have had a physical exam within the last 6 months.

Are the student's immunizations current? Yes No (Circle)

Parent's Signature:

\_\_\_\_\_

Any medical condition(s) and/or allergies

\_\_\_\_\_

\_\_\_\_\_

Is student on medication for this condition(s) and/or allergies?

\_\_\_\_\_

\_\_\_\_\_

Are there any special needs for this condition(s) and/or allergies?

\_\_\_\_\_

\_\_\_\_\_

## Medical Insurance Information

Student must have medical insurance.

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Medical treatment is the responsibility of parents/guardians.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Name on Policy \_\_\_\_\_

Name of Company (employer) \_\_\_\_\_

Policy Holder's Social Security Number \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Policy Holder's Relationship to Student \_\_\_\_\_