

REGISTRATION FORM ~ Brae Crest School of Ballet's Summer 2011

Pre-primary Class with Miss Ana

One-Week Session: Monday, July 25th-Friday, July 29th



Class for ages 3-5 years old
9:30am-10:30am Monday - Friday
Includes: Ballet Class, Book Reading, and Arts & Crafts
Cost: \$100 Full Week.

STUDENT NAME _____ AGE _____
Prefer to be called _____

DOB _____ GENDER _____ GRADE NEXT FALL _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____

CONTACT TELEPHONE(s) _____

PARENT EMAIL _____

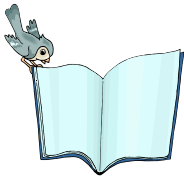
EMERGENCY CONTACT _____ TEL. _____

ALLERGIES / MEDICINES / SPECIAL ACCOMMODATIONS _____



Brae Crest School of Ballet (BCSB) Release Form TO WHOM IT MAY CONCERN:

This is to certify that I, parent or legal guardian of _____, a minor child properly registered with BCSB. I do hereby waive, release, absolve, indemnify, and agree to hold harmless BCSB, the organizers, supervisors, participants and persons for any claim arising out of an injury to the participant. I hereby hold harmless Brae Crest School of Classical Ballet (BCSB) and/or Herci Marsden during this summer camp. I give permission for photographs of my child to be used for promotional purposes by BCSB.



Parent/Guardian Printed Name: _____
Relationship: _____
Parent/Guardian Signature: _____
Date: _____



[Office Use] Payment Type _____ Date _____



BRAE CREST SCHOOL OF CLASSICAL BALLET

Official School of The State Ballet of Rhode Island

P.O Box 155 * 52 Sherman Ave. Lincoln, RI 02865-0155

Ph: (401)334-2560 * Fax: (401)334-0412 * www.stateballet.com * info@stateballet.com

