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| NAME OF STUDENT  FIRST/MIDDLE/LAST | AGE | | Date of Birth | GRADE IN SCHOOL  2017-2018  (present grade) | | SCHOOL ATTENDING IN 2017-  2018( i.e.Del Rey,Rose Ferrero, Greenfield,San Ardo, etc.) | |
|  |  | |  | Time out\_\_\_\_\_  Grade\_\_\_\_\_\_ | |  | |
| Previous dance experience Yes YES No | | | | | | | |
| If Yes, Please provide a brief summary of this experience such as length of study, hours/classes per week, name of teacher, methodology of instruction provided if known such as (Vaganova, Royal Academy of Dance (RAD),Cechetti, or other.) If a previous student at Monterey County Dance Theatre check MCDT box and go to next area. | | | | | | | |
| MCDT student YES , N No- PLEASE PROVIDE DETAILS OF YOUR PREVIOUS TRAINING: | | | | | | | |
| Please let us know the class/classes that you are interested in taking. Young Dancer (ages 5-6) classes will be for 45 min or 1 hour weekly. Ballet 1 A/B are for beginners classes (1-2 hours weekly) Ballet 2\* adv. Beg/Intermediate\* with Pointe\*(3-4 hours weekly), Ballet 3\* is Intermediate level classes with Pointe\*\*(4.5+ hours weekly). \* Denotes Teacher approval for class | | | | | | | |
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| Are there any physical/medical conditions we need to be aware of? ( For example -asthma, hearing loss, arthritis, allergies, foot/toe/joint problems, or others applicable to taking dance /movement classes) If None please state None. | | | | | | | |
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| NAME (S) OF PARENT(S)/GUARDIAN FIRST/LAST | | RESIDENCE  NUMBER/ STREET | | | RESIDENCE  TOWN/ZIP CODE | | PHONE/cell  EMAIL |
| Mother/ adult student/First/Last  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Required please write legibly) | |  | | |  | |  |
| Father/ adult student/First/Last  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |  | |  |
| Monterey County Dance Theatre (MCDT) takes pictures of our students and uses them for advertising and promotional purposes. We require your permission at this time should this apply to your student in the future. All photos are property of MCDT.  Mother/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_  Father/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_  EMERGENCY CONTACT DETAILS:  Should we need to contact you in an emergency please provide us with details  **1ST CONTACT:**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_relationship\_\_\_\_\_\_\_\_\_\_phone\_\_\_\_\_\_\_\_\_  Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This is required information....  **2ND CONTACT:**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_relationship\_\_\_\_\_\_\_\_\_\_phone\_\_\_\_\_\_\_\_\_\_  Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This is required information....  Other details if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tuition is due by the first of each month and not the first class day of the month. Cheques payable to MCDT. A one time registration fee of $50.00 is required with first months tuition PER STUDENT. We charge flat rate amounts for 10 months or from the beginning of your study term. No deductions for missed work as all course work is required to be made up. | | | | | | |  |
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