

MONTEREY COUNTY DANCE THEATRE (MCDT)

APPLICATION 2013-2014

NAME OF STUDENT FIRST/MIDDLE/LAST	AGE	BIRTH DATE	GRADE IN SCHOOL 2012-2013	SCHOOL ATTENDING IN 2013- 2014 (i.e. Del Rey, Rose Ferrero, Greenfield, San Ardo, etc.)
Previous dance experience <input type="checkbox"/> YES <input type="checkbox"/> 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), Cecchetti, or other.) If a previous student at Monterey County Dance Theatre check MCDT box and go to next area.				
MCDT student <input type="checkbox"/> YES <input type="checkbox"/> 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				
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.				
NAME (S) OF PARENT(S)/GUARDIAN FIRST/LAST RESIDENCE NUMBER/ STREET RESIDENCE TOWN/ZIP CODE PHONE/cell EMAIL				
Mother/ adult student/First/Last Email: _____		_____		
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 _____				

Office use : Class Placement _____ Fees _____

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EMERGENCY CONTACT DETAILS:

(please provide first contact information then secondary

y on reverse side)

Name _____ relationship _____ phone _____

Email address _____

Name _____ relationship _____ phone _____

Email address _____

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 \$30.00 is required with first months tuition per family. 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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