

Briarwood Ballet

Class Registration Form

PLEASE PRINT - One student per set of forms, please. Duplicate as necessary.

For office use only:

date	check #	amt
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Student's Name: _____ Prefers to be called: _____

Date of Birth: _____ Male Female Age September 1, 2019 _____

Was student a "summer only" student with us? yes no Are you a member of Briarwood Presbyterian Church? yes no

Mother's Name: _____ Home Phone # _____ Cell Phone # _____

Class Selection:

CLASS SELECTION	Class Code (i.e. G2B)	Day/Time	Priority (i.e. day, time, teacher, carpool, etc.)	Sibling's Class Choice
First Choice				
Second Choice				
Third Choice				
TAP or ELECTIVE Class				

Please initial beside each statement to indicate you have read and understood it.

_____ I understand that the class(es) I have chosen for my child run(s) the entire school year from August until their final program in April or May and that our commitment is for the entire school year.

_____ I understand that if I have not withdrawn my child by October 31, 2018, that I am financially responsible for tuition for the remainder of the year and I will not receive any costume ordered if account is not cleared.

Student's Previous Dance Training:

Name of School: _____ City/State: _____

History:	Ballet	Pointe	Variations	Modern	Jazz	Tap
Years of study?						
Most recent year enrolled?						
How many days per week?						

From time to time we hire photographers to take updated pictures for use in publications and promotional materials. We would never use a photo that would reflect negatively on its subjects. Please read and sign the release below.

I grant to Briarwood Ballet, its employees, agents, and assignees, the right and permission to make, use, reuse, and/or publish photographic pictures of _____ (child's name), which may be in connection with his/her own name or a fictitious name, for any purpose whatsoever including primarily any promotional materials or website designed or authorized by Briarwood Ballet. I waive any right to inspect or approve the finished photograph or printed matter that may include such pictures.

Parent or Guardian _____ Date _____

Briarwood Ballet

Student Information Form (Please Print)

Student's Name: _____ Prefers to be called: _____

Do not list parent cell phone or email below, only student's (if available) where indicated.

Academic School: _____ Grade 2019-20: _____ homeschooled? _____

Student's Cell Phone: () _____ Student's E-mail (if applicable) _____

Church: _____ Denomination: _____

Student lives with: Both Parents Mother Father Other (specify) _____

- Mother/Guardian -

- Father/Guardian -

Name	Name
Mailing Address	Mailing Address
Place of Employment	Place of Employment
Home Phone – with area code	Home Phone – with area code
Cell Phone/Pager – with area code	Cell Phone/Pager – with area code
Work Phone – with area code	Work Phone – with area code

IMPORTANT

Briarwood Ballet communicates almost exclusively by email. You should add lvallen@briarwood.org and ptownes@briarwood.org to your safe senders list.

We post all general communication to the various pages of our website at briarwood.org/ballet. Periodic emails will be sent alerting you to new and updated postings and giving you links to the latest newsletters, rehearsal schedules, and other important information. Briarwood Ballet also has a Facebook page that we encourage parents to join. We believe this is not only cost effective, but also makes the most up-to-date and comprehensive information available 24/7 to our parents and students.

Please provide your most current email address:

Primary Contact's E-mail	Additional E-mails
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Person Responsible for Payments (if other than parent):

Name & Relationship to student: _____

Complete Mailing Address: _____

Home Phone: () _____ E-mail _____

Student's Name: _____

Birthdate: _____ Male Female

Doctor's Name: _____ Dr.'s Phone #: _____

Medical Facility Request: _____

Emergency Contact OTHER THAN PARENTS' Information: (We will always attempt to contact parents first.)

- Contact 1 -

- Contact 2 -

Name	Name
Relationship to Student	Relationship to Student
Day Phone – with area code	Day Phone – with area code
Cell Phone/Pager	Cell Phone/Pager
Evening Phone – with area code	Evening Phone – with area code

Does student have any allergies? If so, to what? _____

Describe any injuries or surgeries in the last year _____

Any emotional stress or mental/behavioral conditions? _____

Any presently existing or persistent condition/infection? (i.e., asthma, bursitis, etc.) _____

Please list any medications student is currently taking _____

If student is diabetic, does he/she have a pump? _____

Does student wear: Eyeglasses _____ Contacts _____ Hearing Aids _____ Other: _____

Any other information we should be aware of? _____

Liability Release – Please initial beside each statement to indicate you have read and understood it.

_____ I/We hereby release Briarwood Ballet and Briarwood Presbyterian Church, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury or damage which may be sustained by the above-named student while participating in classes and activities offered by Briarwood Ballet.

_____ In case of emergency, I/we grant any staff or faculty member of Briarwood Ballet permission to seek medical care for the above-named student.

_____ I understand that my child and I/we are responsible to uphold the policies of Briarwood Ballet and the Briarwood Presbyterian Church facility.

_____ I understand that Briarwood Ballet and Briarwood Presbyterian Church are not responsible or liable for personal items, property or clothing brought on the premises by my student or our family.

Signature of Parent