

Central Wisconsin School of Ballet

124 N 3rd Ave
Wausau, WI 54401
715-842-4447

Student's Name:		New Student <input type="checkbox"/> Y <input type="checkbox"/> N	
Age:	Date of Birth:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Email:
Address:		City:	State: Zip:
Day Phone:		Cell Phone:	Evening Phone:
Mother's Name:		Father's Name:	
Address (if different):		Address (if different):	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Emergency Notification:		Phone:	

Weeks (please check)			
___ June 14 - July 16, 2010 (full five weeks program)		___ (1) June 14 - June 18	
___ (2) June 21 - June 25	___ (3) June 28 - July 2	___ (4) July 5 - July 9	___ (5) July 12 - July 16
Programs (please check) - Price: (5 weeks/ 1 week)			
___ Little Dancer (\$50/\$10) Monday - 4:00-4:45pm ages 3-4	___ Pre-Ballet (\$50/\$10) Monday - 5:00-5:45pm ages 5-7	___ Beginner Ballet/Jazz(\$50/\$10) - (\$90/\$18) Thursday 5:45-6:30pm / 6:30-7:15pm ages 8-12	
Registration Fee: \$15.00			

Also try Broadway Babies (ages 5-7) and Broadway Kids (ages 8-12)
Summer Performance at Stewart Park, July 15th
Enjoy a wonderful evening of food and dance as the sun sets on our summer program.

Checks made payable to **CENTRAL WISCONSIN SCHOOL OF BALLET** in the amount of \$ _____

This application must be signed for admission into the Central Wisconsin School of Ballet

I hereby release the Central Wisconsin School of Ballet, its agents and employees, from all liability for personal injury, illness or property damage occurring on or off the Central Wisconsin School of Ballet premises, whether or not caused by the negligence of the Central Wisconsin School of Ballet, its agents or its employees. I have read the registration information and understand the School's policies as outlined. I understand that I am responsible for tuition payments as described. I certify that I am in good health and capable of participating in all School activities and classes. I hereby give permission for the Central Wisconsin School of Ballet to take photographs.

Student's Signature

Parent or Guardian (if student is under 18 years old)