



# Registration Form

Student's Name \_\_\_\_\_ Class/Level \_\_\_\_\_

(Please list additional classes) \_\_\_\_\_  
\_\_\_\_\_

Academic School \_\_\_\_\_ Grade (2008-2009) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

**Previous Dance: Please list most recent training first and include any special study programs.**

Name of School	City, State	Year(s) #	Classes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about LEB? \_\_\_\_\_

As a registrant you become a member of the LEB Guild. Please list your areas of interest or skill.

- |                   |                   |                    |             |
|-------------------|-------------------|--------------------|-------------|
| _____ Maintenance | _____ Exhibits    | _____ Performances |             |
| _____ Costuming   | _____ Scholarship | _____ School       | Other _____ |
| _____ Office      | _____ Transport   | _____ Company      | Donation    |
| _____ Fundraising | _____ Technical   | _____ Arts in Ed   | \$ _____    |

**Tuition Payment Agreement**

I agree to pay the LEBS for the dance instruction of the above student per the published tuition rates for the student's period of study, unless I am applying for financial aid or scholarship. I understand that I can make a payment by check, payable to "Lake Erie Ballet", MasterCard, Visa, or cash, and that there will be a \$20 charge for returned checks and declined credit cards.

I understand that payment of tuition entitles students to take all the scheduled classes at their level, and that no refunds are given for classes missed because of illness or vacation.

I understand that tuition fees are due on the first of each month or the first of each semester; that if installment payments have not been received by the 10th day of the month or the 10th day from the beginning of a semester, a finance charge of 2% per month will be assessed as of the due date.

**\*Note:** If you are applying for financial aid/scholarship, it is your responsibility to contact the LEB office to request the proper forms. Please see scholarship information below and initial the line provided.

**Publicity Release**

I hereby authorize LEB to record the student's picture on photographs, films, and tapes, and to edit these recordings at its discretion. LEB is permitted to use these materials for publicity, advertising and sales promotion. I acknowledge that no promises of compensation were made by LEB for such use.

**Medical Release**

In the event I cannot be reached, I hereby give my permission to any LEB faculty or staff to authorize any emergency care that may be required by the above student during participation in classes, performances, or any related LEB events. This authorization extends throughout the current academic year. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Does the student have any physical or mental conditions, allergies, or medications that we should be aware of? Please list and explain.

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I have read, understand, and agree to the Tuition Agreement, Publicity Release, and Medical Release. I have completed the Registration Form in its entirety and understand that the registration form must be hand delivered or mailed to the Lake Erie Ballet studio included with the first month tuition, or semester payment, and that payment is due at time of registration.

Name of Parent or Guardian: please print \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian or Student (18 or older)

**Please mail this form with payment to:** Lake Erie Ballet 701 Holland St. Erie, PA 16501

**Scholarship Deadlines:** August 25 for Semester I, January 5 for Semester II and May 25 for Semester III. Scholarships and/or Work/Study Exchange Agreements are assessed each Term.

\_\_\_\_\_ I would like to apply for financial assistance for my child/children. I understand that this aid is limited and that me and/or my child will have to perform duties in and/or out of the studio. I understand that I can only be considered for scholarship after an application and all required attachments are submitted.