MANHATTAN YOUTH BALLET
2008/2009 PROGRAM APPLICATION

$40.00 Application / Audition fee.

2 PHOTOS (1st ARABESQUE AND HEADSHOT) & COPY OF BIRTH CERTIFICATE FOR 8 YEAR-OLDS

MANHATTAN YOUTH BALLET

(PRINT IN CAPITALS ONLY)

1) Student's Name: _____
Last First Middle

2) DOB:_____ **Age:** _____ **Gender:**_____ **Height:**_____ **Street Shoe Size:** _____
month /day / year

3) I am a new ☐ **or returning** ☐ **student registering for Fall 2008** ☐ **or Spring 2009** ☐

4) Parent's Name:_____

a) Occupation: _____
b) Company: _____
c) Work Address: _____
Street Address Apt. #

_____
City State Zip code

5) Home Address: _____
Street Address Apt. #

_____ _____
City State Zip code Country

6) Grandparent's Name:_____

Grandparent's Email: (*REQUIRED***)** _____@_____

7) Parent's Contact information:

Home phone:_____ **Work phone:**_____
Cell phone:_____ **Fax:**_____
Parent's Email: (*REQUIRED***)** _____@_____

8) 2nd Emergency contact **(please provide an alternate contact, in the event we are not able to reach the parent's)**

Name:_____ **Relationship to Student:**_____
Telephone:_____ **Cell phone:**_____

9) Insurance information :

Insurance Company: _____ **Policy Number:** _____
Family Physician:_____ **(Tel.)**_____

10) If the Student has any recent injury, takes medications on a regular basis or is allergic to any medications, please explain in detail on a separate sheet of paper.

11) Previous Training:

School	Teachers	# of years	# of classes/Week

Staff Use Only:

This Application was processed by:_____ **Date Received**_____
Tuition Payment:$**_____ **Balance Due:$_____

This student was auditioned by:_____ **Date auditioned**_____
Level Placement_____

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