

# Metropolitan Ballet

## MBT Summer 2023 Registration Form

NAME OF STUDENT \_\_\_\_\_ STUDENT AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN 1: \_\_\_\_\_ Cell: \_\_\_\_\_

PARENT/GUARDIAN 2: \_\_\_\_\_ Cell: \_\_\_\_\_

OTHER EMERGENCY PHONE NUMBERS: \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS(ES): \_\_\_\_\_

(MOST CORRESPONDENCE WILL BE SENT VIA EMAIL)

STUDENT EMAIL ADDRESS (IF APPLICABLE): \_\_\_\_\_

STUDENT'S SCHOOL: \_\_\_\_\_ GRADE 2023/2024: \_\_\_\_\_

STUDENT'S PREVIOUS DANCE EXPERIENCE (PLEASE SPECIFY SCHOOLS, LENGTH OF TRAINING)

REGISTERING FOR: (When purchasing 4 weeks of camp, the 4th week is 50% off. When purchasing 5 weeks of camp, the 5th week is 75% off. Eligibility for this offer requires registration for five or more weeks at the same time.)

PROGRAM: \_\_\_\_\_ DATES:/TIME \_\_\_\_\_ TUITION: \_\_\_\_\_

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TOTAL TUITION: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

Capacity is limited, and place in class is reserved upon payment of a non-refundable 50% deposit. Balance due by June 15, 2023. Tuition is not refundable. Payment plans and limited need-based scholarships are available. Please inquire with the MBT office at (301) 762 - 1757.

Check enclosed payable to MBT in the amount of: \$ \_\_\_\_\_ (\$25 returned check fee)

Please charge my credit card on file at MBT for the following:  50% deposit OR  full tuition due

Please charge this credit card the following:  50% deposit OR  full tuition due

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ Sec Code: \_\_\_\_\_

### Processing fees for payment options

- Credit card transactions: 3.5%
- Debit card transactions: 1.75%
- Electronic check (ACH): 1%
- Personal check: 0%

Parent/Guardian Consent: I agree to pay the above tuition, and to read and follow MBT's Code of Conduct and liability policy. Ballet and other forms of dance are physical in nature, and participants and parents assume all risks and liabilities associated therewith. Parents authorize MBT to administer first aid if necessary, and parents will be informed as promptly as possible by MBT if injury or illness occurs. I give permission for photos and/or video likenesses of my child to be used in publications, press releases, video productions, and website pages made by and for Metropolitan Ballet Theatre, Inc.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name Parent or Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date