

Little Dancer - Pre-Ballet - Beginner Ballet/Jazz
Central Wisconsin School of Ballet SUMMER 2019

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

Student's Name:		New Student ___Y ___N	
Age:	Date of Birth:	Gender ___F ___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 17- July 18 2019 (full five weeks program)		___ (1) June 17 - June 21	
___ (2) June 24- June 28	___ (3) July 1- July 5	___ (4) July 8- July 12	___ (5) July 15- July 18
Programs (please check) - Price is for 5 weeks (June 13-July 15)			
___ Little Dancer (\$50) Monday - 4:00-4:45pm ages 3-4	___ Pre-Ballet (\$50) Monday - 5:00-5:45pm ages 5-6	___ Beginner Ballet (\$90) Mon. & Thurs. 5:45-6:30pm ages 6.5-10	___ Beginner Jazz (\$40) Thursday 6:30-7:00pm ages 6.5-10
Beginner Ballet/Jazz (\$130) Mon. & Thurs. 5:45-7:15pm ages 6.5-10			
___ Broadway Babies (5-7yr) 5 weeks June 17-July 18 Time: 5:45-6:15pm, Monday Fee: \$30		___ Broadway Kids (8-12yr) 5 weeks June 17-July 18 Time: Monday, Wednesday, Friday @ 1:00-2:30 Fee: \$120	
Camp THRILLER			
August 19-23 ages (6.5-10) ___ 9:00-11:30 Fee: \$100			
Themed Summer Dance Camps			
___ Fairy Ballerina Camp (3-7yr.): 1 week July 15-18 Time: 9:30-11:30 Fee: \$90		___ Princess and SuperHero Dance Camp(3-7yr.) 1 week June 17- 21 Time: 9:30-11:30 Fee: \$90	

Registration/Performance Fee: \$20
Summer Performance at Stewart Park July 18

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)