

# CHARLOTTE BALLET ACADEMY

## 2017/2018 PLACEMENT CLASS

### PLACEMENT CLASS FORM

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MOTHER/FATHER OR GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ACADEMIC SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

CURRENT DANCE STUDIO \_\_\_\_\_

HOW MANY YEARS OF TRAINING \_\_\_\_\_  NO PREVIOUS TRAINING

BALLET  MODERN  TAP  JAZZ  POINTE YRS OF POINTE \_\_\_\_\_

OTHER \_\_\_\_\_

### I AM AUDITIONING FOR THE FOLLOWING LEVEL

- Ballet 1  
 Ballet 2  
 Boys Dance

- Ballet 3  
 Ballet 4  
 Ballet 5

Other: \_\_\_\_\_

### PLACEMENT CLASS FEE

Payment Method  Cash  Check: # \_\_\_\_\_  Credit Card

*Checks made payable to Charlotte Ballet*

Total \_\_\_\_\_ \$16

Credit Card#: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**PAYMENT AGREEMENT:** All tuition and fees will be charged at the time of registration and/or submission. Tuition and fees paid to the Academy are non-refundable for any reason. There are no tuition credits.

**MANDATORY WAIVER:** I recognize that my or my child's attendance and participation may expose me/him/her/them to risk of injury or harm. I accept this risk and agree that Charlotte Ballet, Charlotte Ballet Academy and its staff will not be held responsible should such injury or harm occur. I certify that my child is in good health and can participate in all normal activities of summer camps, classes and programs. I authorize the calling in of a doctor and/or providing of other necessary medical services at my expense should an emergency arise.

*I have read and understand the Academy policies at [charlotteballet.org/academy/policies](http://charlotteballet.org/academy/policies). I agree to comply with the Academy policies and will cooperate in their implementation for me and/or my child.  
I agree to all terms and conditions stated above.*

SIGNATURE (required) \_\_\_\_\_

**[Please return to 701 N. Tryon Street, Charlotte, NC 28202 ]**



# FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

PLACEMENT CLASS DATE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

## RECOMMENDATION

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Beginning Ballet | <input type="checkbox"/> Ballet 2 | <input type="checkbox"/> Not<br>Recommended |
| <input type="checkbox"/> Youth Ballet     | <input type="checkbox"/> Ballet 3 |   |
| <input type="checkbox"/> Boys Dance       | <input type="checkbox"/> Ballet 4 |   |
| <input type="checkbox"/> Ballet 1         | <input type="checkbox"/> Ballet 5 |   |

ACADEMY DIRECTOR'S SIGNATURE: \_\_\_\_\_

PARENTS NOTIFIED: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT REGISTERED DATE: \_\_\_\_\_

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Creative<br>Movement | <input type="checkbox"/> Boys Dance | <input type="checkbox"/> Ballet 4               |
| <input type="checkbox"/> Pre-Ballet           | <input type="checkbox"/> Ballet 1   | <input type="checkbox"/> Ballet 5               |
| <input type="checkbox"/> Beginning Ballet     | <input type="checkbox"/> Ballet 2   | <input type="checkbox"/> Enrollment<br>Declined |
| <input type="checkbox"/> Youth Ballet         | <input type="checkbox"/> Ballet 3   |   |

NOTES: \_\_\_\_\_

