

# MANHATTAN YOUTH BALLET

## 2009/2010 PROGRAM APPLICATION

**\$40.00 Application / Audition fee.**

2PHOTOS (1ST ARABESQUE AND HEADSHOT ALSO FOR RETURNING STUDENTS) COPY OF BIRTH CERTIFICATE FOR 8 YEARS-OLD

**(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 \_\_\_\_\_ returning student registering for Fall 2009 \_\_\_\_\_ or Spring 2010 \_\_\_\_\_

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

5a) Caregiver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6) Grandparent's Name: \_\_\_\_\_

Grandparent's Email: (\*\*REQUIRED\*\*) \_\_\_\_\_ @ \_\_\_\_\_

7) Parent's Contact information:

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent's Email: (\*\*REQUIRED\*\*) \_\_\_\_\_ @ \_\_\_\_\_

Student's Email: \_\_\_\_\_ @ \_\_\_\_\_

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

12) Class I am enrolling my daughter/son for: \_\_\_\_\_ (This Applies to Levels 1, 2 and 3 only)

LEVEL: _____	TIME _____	TIME _____	
MONDAY	_____	_____	
TUESDAY	_____	_____	
WEDNESDAY	_____	_____	
THURSDAY	_____	_____	
FRIDAY	_____	_____	
SATURDAY	_____	_____	

Staff Use Only:

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