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The Berrend Dance Centre					Assigned class Select day(s) & time(s)	
(301) 296-6136 · <u>www</u>		ecentre@gmail.com	<u>n</u>			
9264 Gaither Road, Ga	aithersburg, Mar	yland 20877	7		Optional additional class(es)	
Student's name			Hom	e phone ()		
					StateZip	
Date of Birth	Height	Weight	Current age	Grade (2019)		
Allergies, conditions, or he	alth concerns that w	e should be aware	of:			
Dancer email:			school. Daily dismissal time_			
After school, student: (circl	e one) goes home	attends aftercare pr	rogram other?			
Please describe previous da	nce experience: (na	me of school(s), typ	pe of dance studied,	years of instruction)		
How did you hear about the	Berrend Dance Cer	ntre?				
Parent/Guardian 1		Home phone		Bus. phone		
Occupation		Cell phone		Email address		
Parent/Guardian 2		Home phone		Bus. Phone		
				E-mail address		
Name	Re	lationship to stude	nt	Home phone	Cell	
			1 1 1			
,		_	-	class you are register		
	-			ation for Ballet (1 hr)	·	
I	class weekly: ○ E	-			Day:	
		• ` '		nr) o Boys 4 (1.25 hr)		
2 -	+ classes/week: 0	Level 1 (2.5 hrs)	o Level 2 (2.75 l	nrs) o Level 3 (4.5 h	rs) ○ Level 4 (4.5 hrs)	
		o Lev	vel 5 (5.5 hrs) o Le	evel 6 (8 hrs)		
Pre-Professiona	l Levels(By Invita	tion): o Pre-Pr	ofessional I (5 day	o Proper week)	re-Professional II (6 days per week	:)
		-	•	class you are register	· ,	
	• •			- ' ' -	(1 hr) ○ Character (1 hr)	
		` ′	• • •	Int or Adv Jazz (1.25	· /	
o Mo	dern 1/2 (1 hr) o	Modern 3/4 (1 hr	:) • Modern 5/6 (1.25) o PPI Mod. (1.5	5 hr) • PPII Mod. (1.5 hr)	
Total number of class	ses per week	Number of he	ours per week	Tuition due	(See Fee Sche	dule)
I hereby apply for			Application & Agi		(name of Student)	
to become a student	of the Berrend Da	ınce Centre. I am	 n willing to cooper	rate with the policies of	(name of Student) of the Dance Centre and recognize	hat
uncooperative or dis	scourteous behavio	or may result in d	ismissal. I unders	tand that dancing inst	ruction is a physical activity with	
					or any injury or illness sustained du	
normal classroom ac	ctivities, rehearsals	s, and performance	ces, nor transporta	tion to and from. I agi	ree that Berrend Dance Centre may	use

uncooperative or discourteous behavior may result in dismissal. I understand that dancing instruction is a physical activity with inherent risks. I will not hold the Berrend Dance Centre, its faculty or employees responsible for any injury or illness sustained during normal classroom activities, rehearsals, and performances, nor transportation to and from. I agree that Berrend Dance Centre may use my child(ren)'s likeness in photographs or video recordings of classes, rehearsals or performances for promotional purposes. I agree for myself and my successors that the above representations are contractually binding and not mere recital. Students enrolling at the Dance Centre for the *first time* must also include a one-time Registration Fee of \$50 and submit with this form. I agree to pay the remaining balance for the first semester's tuition by or before the third week of classes. (Full payment may be submitted at the time of registration as well.) A monthly service charge of \$50 will be added to any balance outstanding after the third week of classes unless special arrangements have been made with the Director. Refunds are generally not given.

Parent Signature	Date