

Oakland Ballet School

Summer Camp/Intensive Registration Form

Student's Name: _____ Age: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent /Guardian's Name: _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contact: (other than parent) _____ Relation: _____

Phone: _____ Allergies/Medical Conditions: _____

New Students: Current/Former Dance School: _____ Years in Ballet _____

How did you hear about us? _____

Select Program

Young Dancer Summer Camp

{ } **Pre-Ballet/Primary Session** Ages 5-7 July 9 – July 13

Cost: \$165/week Monday-Friday 9am-12pm

{ } **Beginning Session** Ages 8-12 July 16 – July 20

Cost: \$165/week Monday-Friday 9am-12pm

Before and After Care available upon request – Before 8am-9am (\$25)/After 12pm-1pm (\$25)

Intermediate Summer Intensive Ages 10 & up Monday-Friday 9am-4pm

{ } **Week 1** July 23 – July 27 Cost: \$350

{ } **Week 2** July 30 – August 3 Cost: \$350

{ } **Weeks 1 & 2** July 23 – August 3 Cost: \$645

Before and After Care available upon request – Before 8am-9am (\$25)/After 4pm-5pm (\$25)

Early registration discount of 10%, if enrolled by April 15!

Tuition Calculation

Student Tuition \$ _____

Early Registration (-10%) _____ -Payment must be received by April 15, 2018

Sibling Discount (-10%) _____ -Discount applied to 2nd student.

Before/After Care _____

Total _____

Use of Image: Students may be photographed and/or videotaped in connection with OBS during class, rehearsals, and/or performances. Some of these images may be included in brochures, posters, marketing materials, and website content. We respect the desire of some parents to keep the images of their children off of the Internet. **Please initial one.**

____ I agree that my child's image may be used for all media, including the school website and release OBS from all damage, liabilities, and claims arising from such use.

____ I agree that my child's image may be used in all media **except** on the website and release OBS from all damage.

Signature of Parent/Guardian _____ Date _____



Oakland Ballet School

2968 MacArthur Blvd

Oakland, CA 94602

Jonal Schmalle, Artistic Director

510-530-7516

contact@oaklandballetschool.com