

BALLET DIVERTIMENTO

ÉCOLE ET CENTRE CHORÉGRAPHIQUE

REGISTRATION FORM SUMMER INTENSIVE 2024

STUDENT First N	lame		Na	ame			
Address				C	ity		
Province	Postal Code		Tel		Mobi	le	
Date of birth (dd	-mm-yy)/	Age	Male □ Female □	Other_			
MOTHER (or gua	nrdian) First Name			Name	<u></u>		
Address				C	ity		
Province	Postal Code		Tel		Mobil	le	
Work phone			Email				
FATHER (or guar	rdian) First Name			_ Name_			
Address				C	ity		
Province	Postal Code		Tel		Mobil	le	
Work phone			Email				
Current dance so	chool						
	ek					ntly doing pointe work? Y	′es □ No Œ
	dents will be evaluated during an address you check regularly				dates by email.		
SUMMER INTEN	VSIVE (10-21 year olds)		□ July 2 - 5		July 8 – 12	☐ July 15 -19	
			□ 1 week: \$525		2 weeks: \$1100	☐ 3 weeks: \$15	75
*Registration f	fee: \$50 (Included in Fee)						
AUDITION BY A	APPOINTMENT FOR THE PRO	DFESSION	NNAL DEVELOPMENT				
PROFESSIONAL	. DEVELOPMENT		August 19- August 30	th.	HIGH SCHOOL (h	alf days)	\$600
*Registration fe	ee: \$50 (included in Fee)		August 12 th - August	30 th	PROFESSIONAL F	PROGRAM (half days)	\$900
Payment option REFUND POLICY request. The dat basis less 10% c consommateur) receive a full refu PARENT'S MEDIC physician selecte understand that HOW DID YOU FI PHYSICIAN'S NA	CY All applications must be accepted; check, cash, credit or debit (or contain a partial or full refunde such notice is received will be the cost of courses not taken. A cheque will be mailed within und of fees paid with the excepted by Ballet Divertimento to do during lunch and class breaks IND OUT ABOUT US?	theck pays nd, the stu- pe conside n, up to a n two (2) v tion of the cers 18 & u p any and my child	able to "Ballet Divertime udent or parent must no ered as the official date maximum of \$50 (as poweeks of the request. Ste registration fee. * In all under) In the event that all medical procedures will not be supervised a	ento"). ptify the of withder Section udents voluments v	Ballet Divertimento a Irawal from class. Co on 195 of RSQ, chapt who cancel their regis egistration fees are n be reached in an en by to ensure the cont or responsibility for my	administration in writing ourse fees will be refunde ter P- 40.1 of the Loi sur l stration before the first danon-refundable. mergency, I hereby give perinued health and well-beily child during that time.	to formalize the don a prorate a protection day of classes with the distribution of the distribution of my child
Student's Healt	h Care #						
Signature					Date		