



EXCELSIOR SCHOOL *of* DANCE  
AND PERFORMING ARTS

## Summer Class Registration

July 6th - July 27th  
(Thursdays Only)

### Beginner & Intermediate Ballet

1:00pm – 2:00pm Beg Ballet: Ages 3-6 Years  
2:00pm – 3:00pm Beg/Int Ballet: Ages 7-11 Years

#### Beg./Int. Ballet Tuition:

(Please circle one)

\$75.00 = 4 weeks

\$22.00 = Per class/week

Drop-in students are welcome, but please email first to

June 19th - July 27th  
(Mondays & Thursdays)

### Advanced Ballet

With Pointe (Mon) & Conditioning (Thur)

3:00pm – 5:30pm Adv Ballet: 12+ Yrs (Or ESD Lev 5 - Lev 9)

#### Advanced Ballet Tuition

(Please circle one)

\$300.00 + Reg = 6 weeks

\$200.00 + Reg = 4 weeks

\$60.00 + Reg = Per week

\$40.00 + Reg = Per class

Physical Address: 28555 Robinson Rd, Conroe, TX 77385 | Mailing Address: 435 Springwood Dr., Conroe, TX 77385 | [www.excelsiordanceschool.com](http://www.excelsiordanceschool.com) | [excelsiorschoolofdance@gmail.com](mailto:excelsiorschoolofdance@gmail.com)

Student Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

ESD Grade/Level: \_\_\_\_\_

If new to ESD: Number of years Danced: \_\_\_\_\_ Where? \_\_\_\_\_

Type of Dance: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (HM) \_\_\_\_\_ (WK) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

#### **\*\*Email is our main channel of communication\*\***

Due to the nature of the exercises taken by the students of dance school, parents are warned that children suffering from asthma, orthopedic injuries, or degenerative back complaints should seek the advice from an appropriate medical practitioner or specialist before enrolling a student in the dance school. All reasonable care will be taken for the welfare of the students; however, in the case of injury or accident, the school will assume no responsibility. In the event of a medical emergency, and where a parent cannot be contacted, I authorize Excelsior School of Dance to seek medical advice and treatment.

This agreement fully represents all terms and considerations and no other statements, conditions, or promises are made in conjunction with this release form. I give permission to *Excelsior School of Dance* to use, without charge and without reservation, my likeness in any medium and for any lawful purpose, including promoting the institution, its programs and services. I waive any rights of action I may have and release *Excelsior School of Dance* and its licensees from any and all claims I may have arising from use of my likeness, including any rights to sue for defamation or violation of my rights of privacy or publicity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Contact #: \_\_\_\_\_

Dates **NOT** Attending (if Any): \_\_\_\_\_

Summer Tuition: \_\_\_\_\_

Registration: \$10.00 (Does not apply to a trial class)

Total Amount Due/Paid: \_\_\_\_\_

Payment Method: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Total \$ on Check: \_\_\_\_\_