

**SUMMER REGISTRATION INFORMATION**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 email \_\_\_\_\_ (we will not sell or share your information to 3<sup>rd</sup> parties)

First year enrolled at Cricket's \_\_\_\_\_ (student since \_\_\_\_)

Dance Experience \_\_\_\_\_ # of years /each type of dance, teacher & school, including Cricket's

Contact Phone # \_\_\_\_\_ Person responsible for payment \_\_\_\_\_

Mother Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_

Father Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

By signing below, I state that I have read all of the policy statements in their entirety, and determine that I understand, agree with and completely support all policies, rules and regulations of Cricket's Performing Arts, and state that I am solely responsible for all payments due. I also agree to indemnify, and hold Cricket's, it's owners, employees, agents, and representatives free from any and all claims, damage or liability arising out of or resulting from the use and occupancy of the premises and including any event, authorized or sponsored by, Cricket's School For The Performing Arts, it's owners, employees, agents, or representatives. We give permission to Cricket's Performing Arts to use any photographs - video- film- audio or any recording device and likeness for any and all purposes

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**New students only—**

**\$30 Non Refundable Registration Fee due at signing received \_\_\_\_\_ check #/cash \_\_\_\_\_**

Class Enrollment	Tuition	Camps
1 _____ DAY/TIME _____	\$ _____	Kidz Kamp <input type="checkbox"/> \$125.00 <input type="checkbox"/> \$150
2 _____ DAY/TIME _____	\$ _____	Baby Ballet Camp <input type="checkbox"/> \$125.00 <input type="checkbox"/> \$150
3 _____ DAY/TIME _____	\$ _____	Dance Intensives ½ Day 9am-noon <input type="checkbox"/> 1-4pm <input type="checkbox"/>
4 _____ DAY/TIME _____	\$ _____	<input type="checkbox"/> \$125.00 <input type="checkbox"/> \$150.00
5 _____ DAY/TIME _____	\$ _____	Full Day <input type="checkbox"/> \$210.00 <input type="checkbox"/> \$235.00 <input type="checkbox"/>

**How Did You Hear About Us?**

Flyer \_\_\_\_\_ Newspaper \_\_\_\_\_ Merchandiser \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Phonebook \_\_\_\_\_  
 referral \_\_\_\_\_ referred by \_\_\_\_\_



