



Danse Etoile Ballet www.danseetoile.org
 1075 South Boulder Road, Louisville CO 80027

Danse Etoile Ballet

2023/24 Registration

Please print clearly

| | | |
|---|------------|---|
| Student Information | | |
| Name | Home Phone | Cell Phone |
| Address | Age | Date of Birth |
| City/State/Zip | | Female <input type="checkbox"/> Male <input type="checkbox"/> |
| County Adams <input type="checkbox"/> Boulder <input type="checkbox"/> Broomfield <input type="checkbox"/> Denver <input type="checkbox"/> Jefferson <input type="checkbox"/> Other _____ | | |
| Academic School | Grade | |
| Email | | |

| | | |
|------------------------|-------------------------|----------|
| Parent Name | Relationship to Student | |
| Email | Home Ph: | Cell Ph: |
| Address (if different) | | Work Ph: |

| | | |
|--|----------|---------------|
| Emergency Contact Information. Please list individual who is not listed above | | |
| Name | Home Ph. | Cell/Work Ph: |
| Name | Home Ph. | Cell/Work Ph: |

| |
|---|
| Please list medical conditions, including current medications. If none, please write "none". |
|---|

For new student, please list all previous and current dance training or other sport/art related activities.

| Dates | School/club name/ location | Type of dance/activity/level |
|-------|----------------------------|------------------------------|
| | | |
| | | |
| | | |

I have read, understand and agree to the policies of Danse Etoile Ballet. I understand that:

Tuition has to be paid in full for that session.

Under no circumstance will I receive a refund or credit on paid tuition.

I give permission to Danse Etoile Ballet to take and publish photos and/or videos of my child/myself and to use such photos/videos with no fees to my child or me. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and that I will not hold Danse Etoile Ballet, or any Danse Etoile Ballet faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is a student at Danse Etoile Ballet. I exempt, release and indemnify Danse Etoile Ballet and its agents from any and all liability claims, demands, or causes of action whatsoever from any damages, loss or injury to student, parents/guardian, family member, or personal property which may arise out of or in connection with participation in any Danse Etoile Ballet activity.

Signature of Student _____ Date _____
 Danse Etoile Ballet www.danseetoile.org

Signature of Parent or Guardian _____ Date _____
 email mariejose@danseetoile.org 720.938.3030



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Fall classes start Tuesday September 5th.

Tuition is to be paid the first class of the month. Please add a \$25 fee if late (after the 7th).

Registration Fee is \$30 for every start of season.

Please circle the classes according to Director Placement

Student Rates

Monthly Payments 60m Class/90m to 2 hours Class

- 1 Class \$70/\$100
- 2 Classes \$130/\$180
- 3 Classes additional class is 2 hours \$250
- 4 classes only for the 2 hours classes \$300
- 5 classes only for the 2 hours classes \$360
- Unlimited \$400

Company Rates

Company/Apprentice Dancer: Annual fee of \$360 paid the first month of the season*.

Monthly fee of \$360 including rehearsal times.

* Company and Apprentice by audition only. Additional dancer contract must be agreed for duration of season.