

STUDENT INFORMATION		
First name:	Last name:	
Birthdate:	Age:	
Academic School:	Grade:	
Phone:	Experience if any:	
Have you/your child sustained any injury? Please explain (This information will remain confidential):		
PRIMARY CONTACT INFORMATION		
Parent/Guardian First and Last name:		
Relationship to student:		
Address:		
Home phone:	Cell phone:	
Email (this email will be used for ALL school communications):		
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	Phone:

**Agreement (Please initial to verify you have read and understand GB School Policies, Rules & Regulations):**

- \_\_\_\_\_ 1. I understand that I am responsible for the tuition during the academic year (August-June) for which I am registering.
  - \_\_\_\_\_ 2. I understand that recurring late payments for three months will require full payment of remaining year.
  - \_\_\_\_\_ 3. I agree that I will not hold the Galmont Ballet, or any faculty member or employee, liable for injuries sustained or illnesses contracted by my child while a student of Galmont Ballet.
  - \_\_\_\_\_ 4. I give my permission for Galmont Ballet to take photos/videos of my child to use for purposes of promoting GB.
  - \_\_\_\_\_ 5. In the event I cannot be reached, I hereby my permission to Galmont Ballet, to authorize any emergency medical care that may be required by the student named above during his/her participation in classes, performances, or any Galmont Ballet related event. I understand that I am responsible for any and all charges as a result of such care or medical treatment.
  - \_\_\_\_\_ 6. I hereby signing below, I acknowledge I have reviewed the GB information, which includes GB School Enrollment, Tuition, Withdrawal Policies, Rules & Regulations.
  - \_\_\_\_\_ 7. I understand and agree to abide by the GB School procedures therein and understand failure to comply with these policies may result in student suspension or expulsion.
- I have read and voluntarily sign this form.**

\_\_\_\_\_  
Student Signature / Parent-Guardian if a minor

\_\_\_\_\_  
Date

**Please return completed enrollment form with payment to: Galmont Ballet**