

# Coupé Ballet Intensive 2024

430 Market Street, Nanuet, NY 10954 ♦ 845 623 2808 ♦ [www.coupedance.com](http://www.coupedance.com)

**4-Week Ballet Intensive: For Qualified Students (Teacher Recommendation required)**

**4 Weeks Program: Monday July 1st - Friday July 26th, 2024 \*Best Price Available**

**Register & pay deposit By:** March 1st 2024 \$2485\_\_ April 1st 2024 \$2535\_\_ June 1st 2024 \$2585\_\_ \*pay in full

**Ballet Intensive 5 Days a week: Daily 10am - 4pm**

**Session 1:** Monday July 1st - Friday July 12th 2024

**Register & pay deposit By:** March 1st 2024 \$1240\_\_ April 1st 2024 \$1290\_\_ June 1st 2024 \$1340\_\_ \*pay in full

**Session 2:** Monday July 15th - Friday July 26th 2024

**Register & pay deposit By:** March 1st 2024 \$1380\_\_ April 1st 2024 \$1430\_\_ June 1st 2024 \$1480\_\_ \*pay in full

**Morning-only rates \$80.00 per day. Drop in single classes \$30 per class.**

**Registration is complete on payment of 50% non-refundable deposit, the remainder of summer tuition to be paid in full by May 31, 2024. \$20 late fee per week will be added to balances not paid by due date.**

**Please note: There will be no refunds for days missed, all programs are subject to enrollment.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade fall 2024 \_\_\_\_\_

Is your child a current student Yes \_\_\_\_\_ No \_\_\_\_\_

**NEW STUDENTS ONLY:**

Parent/Guardian Name: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

Best number to call during camp hours: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us \_\_\_\_\_

Please return the registration form in person to 430 Market Street, Nanuet NY 10954, email forms to [info@coupedance.com](mailto:info@coupedance.com) or mail forms to PO Box 9242, Bardonia, NY, 10954

*Waiver of Liability: I agree that I will not hold Coupé Theatre Studio, Inc, or any member or employee of the same, liable for injuries sustained, or illness contracted by me or my child while a student of Coupe Theatre Studio, Inc. I agree to abide by the rules of the Studio.*

*I give permission for Coupé Theatre Studio to publish photographs of my child for use in printed advertising material, and on the internet.*

***I have read the above policy statements and waiver of liability and hereby agree to comply with them.***

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE: Date received \_\_\_\_\_ Deposit paid \_\_\_\_\_ Cash/Check/CC \_\_\_\_\_

Total cost of Program \_\_\_\_\_ PIF Date: \_\_\_\_\_ Cash/Check/CC \_\_\_\_\_