



REGISTRATION FORMS

Summer 2025

Please check the program and all weeks you are registering your dancer for:

- débuter intensive (age 8 - 9 yrs old) (\$225/week)
 - week 1 (July 7, 8, 9, and 10 - no class on Friday)
 - week 2 (July 14, 15, 16, and 17- no class on Friday)

- allongé intensive (ages 10 - 12 yrs old) (\$575/week)
 - week 1 (July 7th - July 11th)
 - week 2 (July 14th - 18th)
 - week 3 (July 21st - 25th)

- changement intensive (ages 13 - 16 yrs old) (\$800/week)
 - week 1 (July 7th - July 11th)
 - week 2 (July 14th - 18th)
 - week 3 (July 21st - 25th)

Student Name _____

Gender _____ Pronouns _____ Date of Birth _____ Age _____ Grade in fall _____

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian 1 Name _____ Relation to student _____

Parent/Guardian 2 Name (if applicable) _____ Relation to student _____

Parent 1 Cell Phone _____ Parent 2 Cell Phone _____

Parent 1 Email _____ Parent 2 Email _____

Please confirm the following:

I have read the parent resource page on the website (password developpe):

- Yes. I have read the parent resource page.

I have completed the following forms:

- Student Health Form
- Waiver
- Photo/Video Release Form

I will pay the following registration fee and deposit to hold my student's space at développé evolving dance education for Summer 2025:

- Registration Fee \$50
- Deposit due upon registration or by June 1st
 - débuter intensive-\$125
 - allongé intensive- \$300
 - changement intensive-\$400

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____



STUDENT HEALTH FORM
Summer 2025

Program: débuter intensive allongé intensive

Student Name: _____ DOB: _____

Gender _____ Pronouns _____ Date of Birth _____ Age _____ Current Grade _____

Home Address _____ City _____ State _____ Zip _____

Emergency Contact 1:

Name: _____

Phone Number: _____

Relation to student: _____

Emergency Contact 2:

Name: _____

Phone Number: _____

Relation to student: _____

All questions are to better assist développé educators in the health, wellness, and growth of your dancer. No dancer will be denied program acceptance based on the following information.

Medications?

Allergies?

Past or current injuries?

Past or current diagnosis or concerns about eating disorders or body image?

Other underlying health conditions or concerns?

Is there anything else regarding your dancer's mental or physical health développ  educators should know in order to best assist your dancer in their time studying at développ ?

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____



MINOR (CHILD) PHOTO/VIDEO RELEASE FORM

Summer 2025

Student Name: _____ DOB: _____

I, _____, the parent or legal guardian of _____ [Child] grant d  velopp   evolving dance education my permission to use any photographs or videos taken while participating in conjunction with the school for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date _____