

Maple Conservatory of Dance

Student Enrollment Application (Conservatory Program 2010/2011)

Please complete this application and submit either in person or by mail. The application must be accompanied by a \$20.00 fee. Enrollment in our conservatory program is limited and is not guaranteed. Upon review of your application, we will schedule you for a preliminary placement class which will take place during the week of August 16th. You will be notified of this by July 15th. If you are unable to attend your scheduled placement class, you must make a request for a make-up class. You must notify us immediately. Once submitted, the application fee is non-refundable.

For dancers interested in applying to our Professional Division (recommended ages 13 to 20), a separate application is required in addition to this application. The Professional Division audition class is scheduled for Saturday, August 7, 2010. Attendance is required unless alternative arrangements are made in advance.

**Please note that acceptance into the Professional Division is only by audition.*

Applicant (Dancer) Name: _____ Date of Birth: _____ Age: _____

Gender: _____ Female _____ Male

Applicant's Home Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Applicant's Email Address: _____

Mother/Guardian Name: _____

Home Address (if different from applicant) _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Mother's Email Address: _____

Father/Guardian's Name: _____

Home Address (if different from applicant) _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Father's Email Address: _____

Applicant's Prior Ballet/Dance Training: (Returning Students Do Not Have To Fill This Section Out)

Age when ballet training began: _____ Years of ballet training: _____ Years of pointe training: _____

List of Studios Attended:

Name of studio: _____ City/State: _____

Date of attendance: _____ List of Classes Taken: _____

Level placement at your prior school: _____ # of levels at your prior school: _____

Instructors: _____

Applicant's Prior Ballet/Dance Training: Continued

Name of studio: _____ City/State: _____

Date of attendance: _____ Last level placement: ____ # of levels at your prior school: ____

Classes Taken: _____ Hrs/Week: _____

Instructors: _____

Name of studio: _____ City/State: _____

Date of attendance: _____ Last level placement: ____ # of levels at your prior school: ____

Classes Taken: _____ Hrs/Week: _____

Instructors: _____

Ballet Training Goals and Objectives: (For New & Returning Studetnts)

Please describe your dancing goals and objectives: _____

Please use this space to share any information you would like us to know about you: _____

Parent Participation:

In order to provide the quality instruction and programs we offer at the Maple Conservatory of Dance parent participation and support is vital! Please indicate your interest/availability to assist us in our efforts to provide exceptional instruction to the dancers in our school.

I am interested in volunteering in the following areas: Fundraising Events Office Assistance

Production Assistance Costuming Assistance Other, describe _____

I am unable to provide assistance or volunteer.

Thank you for applying to the Maple Conservatory of Dance! Upon review of your application, you will be notified of your scheduled preliminary placement class. We will look forward to seeing you soon.

To be completed by Maple Conservatory of Dance Staff:

Received: _____ Reviewed by: _____ Placement Class Date/Time: _____