CENTRAL WEST BALLET
ACADEMY OF DANCE

SUMMER INTENSIVE 2026

Leslie Ann Larson, Director
5039 Pentecost Drive, Suite A
Modesto, CA 95354
(209) 576-8957

REGISTRATION FORM

Check the box that aligns with your level/age. Select your week(s) → **PAGE 1** of **2**

• **Elementary (Rec. for Ages 7-10, CWB L2-4)** ( ) **July** 6-10 ( ) **July** 13-17
Daily M-F: 11:00am-3:30pm
Registration Due June 16: $50.00 (non-refundable)
Tuition Due: July 1
Tuition:
1-Week: $270.00
2-Weeks: $480.00
Location: Rose Studio, Suite B2

• **Junior (Rec. for Ages 10-15, CWB L4-5)** ( ) **July** 6-10 ( ) **July** 13-17 ( ) **July** 20-24
Daily M-F: 9:00am-3:30pm
Registration Due June 16: $50.00 (non-refundable)
Tuition Due: July 1
Tuition:
1-Week: $440.00
2-Weeks: $800.00
3-Weeks: $1,080.00
Location: Rolle Studio, Suite B1

• **Pre-Professional (Rec. for Ages 13-18, CWB L6-8)** ( ) **July** 6-10 ( ) **July** 13-17 ( ) **July** 20-24
Daily M-F: 9:00am-3:30pm
Registration Due June 16: $50.00 (non-refundable)
Tuition Due: July 1
Tuition:
1-Week: $440.00
2-Weeks: $800.00
3-Weeks: $1,080.00
Location: Robbins Studio, Suite between SafeLite & Cannons Gym

EMAIL: _____

STUDENT NAME_____**DATE OF BIRTH**_____/_____/_____ **AGE**_____

PARENT/LEGAL GUARDIAN Name_____**Phone**_____

Billing Address_____City_____State_____Zip_____

DANCE HISTORY

Current dance school_____Ballet level_____Years of ballet, starting from age 5 ____

Are you currently Pre-Pointe? Yes__ No__ If yes, how long? Less than 1-yr _____, 1-yr_____, 2-yrs_____

Are you currently studying Pointe, and if so, how long? _____ months, _____ years

How many hours per week on Pointe? _____ Have you moved to center yet? Yes _____ No, only Barre _____

PLEASE CHECK THE BOXES THAT APPLY & SIGN BELOW: → PAGE **2** of **2**

TUITION PAYMENT OPTIONS

( ) Check or Cash (No processing fees)

( ) Debit/CC ($3.50 processing fee)

( ) Use or Authorize CWB to use CC JackRabbit App ($3.50 processing fee)

PARENT AGREEMENT REGARDING DANCER'S PLACEMENT IN PROGRAM

( ) I understand and agree that the placement level of my dancer is *based on current technical ability & maturity, not by age.*

( ) At the discretion of the Program Director, I understand and agree that *the **initial** placement of my dancer may change, either to a level above or below, or split between 2 levels.*

RELEASE OF LIABILITY/HOLD HARMLESS

As the legal parent/guardian, *I release and hold harmless Central West Ballet, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the student and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Central West Ballet, its owners and operators or in route to or from any of said premises.*

( ) I have read the above and agree

ON-SITE/STUDIO MEDICAL EMERGENCY

The undersigned gives permission to Central West Ballet, its owners and operators *to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the student to be in good physical and mental health.*

_____ _____

Parent's Signature (for student 17 years and younger) Today's Date

_____

OFFICE USE ONLY

Registration Due $50.00: **June 16** Paid $_____Date_____Method of Payment_____

FULL Tuition Due: **July 1** Paid $_____Date_____Method of Payment_____

Total = Paid $_____Date_____Method of Payment_____