



## SUMMER BALLET PROGRAM 2017

**Pre-Ballet(3:15-4):** recommended ages 3-5(limit10)

July 5 \_\_\_ July 12 \_\_\_ July 19 \_\_\_  
July 26 \_\_\_ August 2 \_\_\_ August 9 \_\_\_

**Ballet II (2-3):** recommended ages 9-12(limit 8)

July 3 \_\_\_ July 10 \_\_\_ July 17 \_\_\_  
July 24 \_\_\_ July 31 \_\_\_ August 7 \_\_\_

**Ballet I (3:15-4:15):** recommended ages 6-9(limit 8)

July 3 \_\_\_ July 10 \_\_\_ July 17 \_\_\_  
July 24 \_\_\_ July 31 \_\_\_ August 7 \_\_\_

**Ballet III (2-3):** recommended ages 10-12(limit 8)

July 6 \_\_\_ July 13 \_\_\_ July 20 \_\_\_  
July 27 \_\_\_ August 3 \_\_\_ August 10 \_\_\_

**COST: FICC Members and FIS Students: \$10**

**Non-Members: \$15 Siblings: \$5**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Emergency Contact Information/Authorized Pick-Up**

List all persons, other than parents/guardians, that are authorized to pick up the child. (Please include contact information for all people listed below.)

#### ***Emergency Contact #1***

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

#### ***Emergency contact #2***

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

Please identify any allergies or medical needs.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any developmental concerns that may prohibit your child from participating in the dance process?

Yes  No (If yes, please explain below.)

Child's Physician and Phone Number: \_\_\_\_\_

Payment: CC \_\_\_\_\_ Check \_\_\_\_\_ (Payable to FICC)

**MAIL, EMAIL OR REGISTER IN PERSON AT THE FI COMMUNITY CENTER  
(631) 788-7683 fishersislandevents@gmail.com**