

PLEASE FILL OUT BOTH PAGES AND  
RETURN BY  
MAIL, FAX OR EMAIL

# PAUL TAYLOR

## THE TAYLOR SCHOOL

### Student Registration Form SPRING 2012 SESSION

- Continuing Student  
 New Registration

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Emergency Contact (if different from above):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check ONE of the following boxes on the class and day that your child wishes to attend:**

LEVEL 1 (4-6 years)

- |                 |            |                          |
|-----------------|------------|--------------------------|
| 5:30-6:30 p.m.  | Mondays    | <input type="checkbox"/> |
| 4:00-5:00 p.m.  | Wednesdays | <input type="checkbox"/> |
| 9:30-10:30 a.m. | Saturdays  | <input type="checkbox"/> |

LEVEL 2 (7-9 years)

- |                  |           |                          |
|------------------|-----------|--------------------------|
| 5:00-6:00 p.m.   | Tuesdays  | <input type="checkbox"/> |
| 10:45-11:45 a.m. | Saturdays | <input type="checkbox"/> |

LEVEL 3 (10-12 years)

- |                |          |                          |
|----------------|----------|--------------------------|
| 6:15-7:30 p.m. | Tuesdays | <input type="checkbox"/> |
|----------------|----------|--------------------------|

LEVEL 4 (Teen Technique/Repertoire)

- |                 |                       |                          |
|-----------------|-----------------------|--------------------------|
| 5:15-6:45 p.m.  | Wednesdays (Advanced) | <input type="checkbox"/> |
| 12:00-1:15 p.m. | Saturdays (Beginner)  | <input type="checkbox"/> |
| 1:30-3:00 p.m.  | Saturdays (Advanced)  | <input type="checkbox"/> |

**Please indicate what kind of (if any) previous training your child has had to date:**

**Please let us know if your child has any health conditions, injuries, medications, or anything at all (allergies, etc.) of which we should be aware:**



**Please return to:**

551 Grand Street New York, NY 10002

212.431.5562 212.966.5673 (fax)

[www.paultaylor.org/school](http://www.paultaylor.org/school)

[youthprogram@ptdc.org](mailto:youthprogram@ptdc.org)

# PAUL TAYLOR

 THE TAYLOR SCHOOL

Spring 2012 Tuition  
February 6-June 16  
16 Classes

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student E-mail Address \_\_\_\_\_

Payment: Continuing Registration Tuition (16 sessions) \$300.00  
New Registration Tuition (16 sessions) \$350.00

Enclosed please find my check of \$ \_\_\_\_\_ payable to *The Paul Taylor Dance Company*

Please charge \$ \_\_\_\_\_ to my:  VISA  MasterCard  American Express

Cardholder's Name \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_



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