CECCHETTI BALLET ASSOCIATES SUMMER SCHOOL FOR YOUNG DANCERS 2027

APPLICATION FORM

Please write clearly in **block capitals** completing all sections of the form and return by post to: Claire Hern, Cecchetti Ballet Associates, 24 Kempton, Lydbury North, SY7 0JG

summerschool@cecchettiassociates.dance Cecchetti Ballet Associates: 07748 365 375

Pastoral Care Co-Ordinator: Jane Strong

STUDENT DETAILS:

Surname

First Name

◯ Male ◯ Female

Age on 20th August 2027 _____ yrs _____ mths

Date of birth

PARENT/CARER DETAILS

Full name of Parent/Carer

Address

Postcode

Telephone

Email address for all correspondence
(please write clearly)

The student named above wishes to be enrolled for CBA Summer School 2027.

PAYMENT

The return of this application form and the registration fee of £150 are required to reserve a place.

The balance of fees may be paid now or by monthly payments of £75 from October to July.

BACS Transfer Payment

Paid to:
Cecchetti Ballet Associates LTD
Virgin Bank
Acc No: 502 508 84
Sort Code: 82-12-08

I have made a BACS transfer for:

◯ £150 - Non-refundable deposit ONLY

◯ £900 - Boarder deposit + full fee

◯ I have set up a monthly standing order of £75 payable at the end of the month from October 2026 to July 2027.

Name of child

Name of parent

NB A place is not secured until the completed form has been received.

STATEMENT TO BE COMPLETED BY PARENT / CARER

I agree that the student named may attend CBA summer school for Young Dancers 2027.

I am aware that the balance of the fee is due by 31st July 2027 and that neither the deposit nor balance of fees are refundable if I withdraw the student from the course after confirmation of a place is received.

Parents/carers are strongly advised to take out personal insurance in the event of cancellation due to illness or injury.

On receipt of this Application, parent/carers will be sent course forms to complete with the student's details including medical and dietary information, permissions relating to course publicity and travel arrangements. Confirmation of acceptance of the student will be sent on receipt of this form, unless the course organisers are concerned that the information provided might prevent the student taking up their place. In these circumstances I understand I will be contacted to discuss the Application further.

Signature of Parent/Carer

Date

How we use your information

CBA will process your personal information in accordance with our privacy policy which can be found in full on our website www.cecchettiassociates.dance

THIS SECTION **MUST** BE COMPLETED BY THE DANCE TEACHER OF THE STUDENT FOR WHOM THIS APPLICATION IS BEING MADE.

Please write clearly in **block capitals**

◯ I confirm that this student is a pupil of mine.

The highest level of ballet examination he/she has passed is *(PLEASE STATE GRADE, EXAMINATION BOARD and DATE e.g., Grade 4 Cecchetti, April 2023)*

Please give details of the grade and date of the next examination you expect this child to take.

Does this student study pointe work?

◯ Yes ◯ No

If YES, for how long? _____ yrs/months

Other dance subjects studied.

Teacher's Name

Address

Telephone in event of query

Email

Signature

Date