

CLASS PLACEMENT GUIDELINES

**Below is a list of the placement guidelines used at Gustafson Dance.
Class placement is entirely at the discretion of the Director, Allison Gustafson, and
Assistant Director, Nicole Comella**

For Creative Dance and Pre-Ballet class placement is based on age:

Creative Dance	2 years old by May 31, 2010
Pre-Ballet 1	3 years old by September, 2010
Pre-Ballet 2A	4 years old by September, 2010
Pre-Ballet 2B	5 years old by September, 2010 or Kindergarten

For those above the Pre-Ballet level, class placement is based on several factors, including, but not limited to age, grade in school, ability, years of study, class attendance, maturity, experience, and attitude. The Director and/or Assistant Director can guide you for placement in these levels and may include a placement class. For 2010-2011, we will be moving to the American Ballet Theatre levels. Below, please find the new level designations:

Old Name	New ABT Level
Ballet 1	Primary 1, 6 years old by Sept., 2010 or 1 st grade
Ballet 2	Primary 2, 7 years old by Sept., 2010 or 2 nd grade
Ballet 3A	Level 1
Ballet 3B	Level 2A
Ballet 3C	Level 2B
Ballet 4A	Level 3A
Ballet 4B	Level 3B
Ballet 4C	Level 3C
Ballet 5 (1 st year)	Level 4A
Ballet 5 (2 nd year)	Level 4B
Ballet 6	Level 5
Ballet 7	Level 6
Jazz 1	Primary Jazz 1, 6 years by Sept., 2010 or 1 st grade
Jazz 2	Primary Jazz 2, 7 years by Sept., 2010 or 2 nd grade
Jazz 3-6	Jazz Levels 1-6 matches the ballet level of the student.

For Children's Tap and Combo classes, placement is based on age, as noted in the schedule.

Gustafson Dance Registration Form 2010-'11

Today's Date _____ Check #/ amount _____

Please return with the non-refundable \$40 registration fee per student due upon registration or the beginning of each school year.

Student's Name _____ Sex _____ Birth Date _____ Age _____ Grade (as of Fall/10) _____

Class Level, Day(s) and Time(s): _____

Class Placement (Please call 563-3262 if you are unsure of level and time.)

Name of Responsible Party: _____ Home #: _____

Address: _____ Work or cell #: _____

City: _____ Zip Code: _____ Student's Home Phone: _____

Email Address (Required): _____

Secondary Email Address (optional): _____

Additional person to contact in the event of an emergency: _____

Phone Number: _____ Relationship to student: _____

MEDICAL INFORMATION:

Known allergies: _____

Medical Conditions: _____

Medication Currently Used: _____

When a student suffers a serious injury or illness while at Gustafson Dance, first aid will be rendered and an immediate and continuing effort will be made to contact the emergency contact of that student.

For parents: If I cannot be reached by telephone in the event of an emergency involving

_____ (Name of Child), please call Dr. _____

(Physician's Name or Other) or take my child to any available medical service. I am aware, however, that in most situations the physician and/ or medical facility will not treat a minor child without parent permission.

RELEASE OF LIABILITY

I agree that I/we will not hold Gustafson Dance/State Street Ballet and its employees liable for any injury or illness that might occur while _____ (Student's Name) is a student of Gustafson Dance absent any negligent, reckless, and/or intentional actions on the part of Gustafson Dance/State Street Ballet, its agents, employees and/or representatives.

(Signature of Parent or Guardian) (Date)