



Scholarship Request Form LJD Fall 2017 Dance Classes

Burgdorff Center, 10 Durand Road, Maplewood
All class dates available online at lydiajohnsondance.org

Form will not be accepted without completion of both pages.

Please print in black or blue ink:

Student's Full Name: _____

Grade Sept '16 _____ Birthdate _____ Name of Sibling enrolled at LJD _____

Home Address: _____

Town: _____ State: _____ ZIP: _____

Home phone _____ Cell Phone: _____

*** Cell phone number listed above will be used to text messages in case of cancelation

Are you requesting a full scholarship? ___ yes ___ no.

If no, what would you be able to pay? \$ _____ Please note that we will take payment in installments.

Please circle what class your child is interested in attending.

We cannot guarantee space in all classes, so please mark first and second choice.

Mondays: Ballet/Choreography

Intro: 4-4:45 pm (Pre K/K, 4-5 yr. old)

Ballet I: 4:45-5:45 pm (Gr. 1- 2)

Ballet II and III: 5:45-6:45 pm (Gr. 3-9)

Thursdays: Ballet/Contemporary/Choreography:

Intro to Ballet: 4-4:45 pm (3 ¾ to 5 yr olds)

Contemp. I: 4:45-5:45 pm (Gr. 1-2)

Contemp. II: 5:45-6:45 pm (Gr. 3-5)

Contemp. III: 6:45-8:00 pm (Gr. 6-12)

Fridays: Creative Ballet

Creative Ballet: 10:30-11:15 (2.5-4yrs)

Saturdays: Creative Ballet

Creative Ballet: 10:00-10:45 am (3-5 yr.)

E-MAIL*** for all school info: _____

Lydia Johnson Dance Parents Guild sponsors events and forwards information to Dance families.

Please check here if you DO NOT want your e-mail address shared with the Guild: _____

Contacts to call in case of emergency:

Parent 1 – NAME/cell #: _____ work# _____

Parent 2 – NAME/cell #: _____ work# _____

Other Emergency Contact/Caregiver/Friend (name/#): _____

ALLERGIES: _____ Other Issues: _____

On occasion, photos are taken of the students and used in promotional materials and on the Lydia Johnson Dance web-site. Please check here if you DO NOT want your child's photo used: _____

Parent Signature: _____ Date: _____

Do not write below this line

Approved ___ Denied ___ Class _____ Notified ___

Lydia Johnson Dance Company, PO Box 1037, South Orange, NJ 07079
Lydiajohnsondance.org Ljdanceschool@gmail.com

Scholarship Request Form - LJD Fall 2017 Dance Class

For Lydia Johnson ONLY. All information will be kept private.

Please complete this page once. Return ASAP to address below. List all children for which you are requesting a scholarship:

Name/Grade Sept 2017: _____

Name/Grade Sept 2017: _____

Name/Grade Sept 2017: _____

Please describe your family's situation and why you are requesting scholarship assistance: _____

You will be contacted via e-mail about your request.

Parent Signature

Date

Mail to: Lydia Johnson Dance, PO Box 1037, South Orange, NJ 07079