

BALLET HISPANICO

Ballet Hispanico School of Dance Registration Information

Thank you for your interest in our training programs. We would be delighted to welcome you to our studios on Manhattan's Upper West Side, which are headquarters not only for the School, but also for the world-renowned Ballet Hispanico Company and our innovative educational program for public schools, Primeros Pasos.

HOW TO REGISTER FOR CLASS:

I. Complete the Registration materials, which include the following:

- Registration Form
- Health Information Form (*requires a confirmation of your health insurance*)
- Class, Tuition, and Payment Form (*There is a duplicate copy for your records.*)

Please fill out all materials completely. Be sure to indicate which payment plan and class schedule you have selected.

2. Submit the materials:

- By fax: 212-362-3081
- By mail or in person: Ballet Hispanico School of Dance
167 West 89th Street
New York, NY 10024
- Submit your payment, which can be made by credit card, check, cash or money order. Please note that registration is not complete until payment is received.
- You will receive an email confirmation within approximately two weeks. If you do not have an email address, you will be contacted by phone.

Registrations are processed on a first come, first served basis. If the class you select has reached its maximum capacity when we receive your materials, you will be contacted to choose a second option based on availability. If no other options are available, you will be placed on a waiting list for a new class, or you may wait for a spot to open in a specific class. We will notify you of additional classes that are added.

Enrollment in our Adventures in Dance and Enrichment Program is based on a student's age as of September 12, 2009. When completing the registration form, please select the age-appropriate level for your child. Following the first class, we will advise you on whether your child is better suited to a different class level.

Admission to our Pre-Professional Program is through audition or placement class only. Students interested in auditioning for the Pre-Professional program for the upcoming 2009-2010 School Year should contact Jessica Prohias, Assistant School Director at 212.362.6710 ext:13 or jprohias@ballethispanico.org, to reserve an audition place during the first week of classes September 14 - 28, 2009.

A student handbook will be given to you upon registration with detailed information, including holidays, student policies, and dress code.

If you have questions, please call the School office at 212-362-6710. We look forward to welcoming you to Ballet Hispanico!

Tina Ramirez, Founder Eduardo Vilaro, Artistic Director Mercedes Pablos, School Director
167 West 89 Street, New York, NY 10024 Tel: 212-362-6710 Fax: 212-362-3081

BALLET HISPANICO

Ballet Hispanico School of Dance

Registration Form for the 2009/2010 School Year

Please print all information

Student Information:

Last:	First:	Middle Initial:	
Home Phone:	Student Cell Phone:		
Street:		Apt:	
City:	State:	Zip:	School:
Date of Birth:	Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>
Grade Level:	Student Email:		

How did you hear about us?

Please check all that apply

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> BH website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Big Apple Parent | <input type="checkbox"/> BH flyer/card | <input type="checkbox"/> MySpace |
| <input type="checkbox"/> TONY Kids | <input type="checkbox"/> Event/performance | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> New York Family | <input type="checkbox"/> Other magazine | <input type="checkbox"/> Coupon |
| <input type="checkbox"/> Parent Guide | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Ethnicity:

- | | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | American Indian / Alaskan Native |
| <input type="checkbox"/> | Asian / Pacific Islander |
| <input type="checkbox"/> | Black, Non-Hispanic |
| <input type="checkbox"/> | Hispanic |
| <input type="checkbox"/> | White, Non-Hispanic |
| <input type="checkbox"/> | Other _____ |

Parent/Guardian Information:

Name:	Name:
Relationship to Student:	Relationship to Student:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
*Email:	*Email:
Employer:	Employer:
Job title:	Job title:

Emergency Contact Information: (in the event parent or guardian cannot be reached)

Name:	Home phone:
Relationship to Student:	Cell phone:

Previous Training:

School Name (current and/or previous)	Technique(s) studied	# of years	# of days per week

* The School communicates important information regularly via email. Please check here if you do NOT wish to receive additional information about the Ballet Hispanico Company and our education programs.

Ballet Hispanico School of Dance

Health Information Form

In the event that a Student needs medical care, the information on this form will expedite the proper care.

Please print all information

Student Information:

Last: _____ First: _____ Middle Initial: _____

Health Insurance Information:

Do you currently have health insurance coverage? Yes No *If "No," please see below*

Health Insurance company: _____

Policy Number: _____

Primary Physician Information:

Last Name: _____

First Name: _____

Office Phone: _____

Hospital Preference: _____

Medications:

Please list any medications you take on a regular basis (for example: Insulin or Ritalin):

Medical History:

List any allergies or reactions you have had to medications and when:

Medication/Reaction	Date of Occurrence
_____	_____
_____	_____
_____	_____

Please list any allergies or reactions you have had to foods, molds, pollens, animals, insects, etc.:

Please list any physical or dance-related problems you have, such as an injury; bone, joint, or muscular disorders; etc.:

Please provide information about any psychological or emotional matters which could affect your physical health and about which our School staff should be aware.

Have you been vaccinated for the following? *(check if yes)*

Chicken pox

Measles

If you do not have health insurance, please fill out the following:

Due to the fact that we do not have medical insurance for:

Student's name

We/I will assume all responsibility for payment(s) of medical treatment in an injury does occur while he/she is a student at the Ballet Hispanico School of Dance. Ballet Hispanico will not be responsible for any medical costs.

Parent or Guardian (print name)

Signature

Date

Ballet Hispanico School of Dance

Class, Tuition, and Payment Information

(Office Copy)

Tuition Fees: Tuition fees may be paid on an Annual, Bi-Annual, or Quarterly Payment Plan. All plans represent a commitment to the entire School Year program.

Class Selection: Classes are filled on a first-come, first-served basis; please check availability with the School Office.

Class	Day	Time

Payment Due Dates: All initial payments are due upon registration.

> Bi-Annual payments are due on Saturday, January 16, 2010.

> Quarterly payments are due on Saturday, November 7, 2009, Saturday, January 16, 2010, and Saturday, April 10, 2010.

For Office Use Only	
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Bi-Annual
<input type="checkbox"/>	Quarterly

Payment Plan and Due Dates:	Annual	Bi-Annual Due 1/16/10	Quarterly Due 11/7/09, 1/16/10, 4/10/10
Adventures Program			
Dance With Me, Pasitos, Creative, Discovery, and Hablando y Bailando	1 class/wk (45 minutes)	\$625.00	\$330.00
Pre-Ballet	1 class/wk	\$650.00	\$182.00
Enrichment Program			
Intro Level, Beginner Levels 1 and 2, and Teen Levels 1 and 2	1 class/wk	\$650.00	\$342.00
	2 classes/wk	\$1,200.00	\$618.00
	3 classes/wk	\$1,575.00	\$805.00
	4 classes/wk	\$1,895.00	\$965.00
Pre-Professional Program			
Level I	3 classes/wk	\$1,575.00	\$805.00
Level II	3 classes/wk	\$1,575.00	\$805.00
Level III	5 classes/wk	\$2,390.00	\$1,212.00
Levels IV / V	11 classes/wk	\$3,190.00	\$1,612.00

<input type="checkbox"/>	1 45-min
<input type="checkbox"/>	1 class
<input type="checkbox"/>	1 class
<input type="checkbox"/>	2 classes
<input type="checkbox"/>	3 classes
<input type="checkbox"/>	4 classes
<input type="checkbox"/>	3 classes
<input type="checkbox"/>	3 classes
<input type="checkbox"/>	5 classes
<input type="checkbox"/>	11 classes

Registration Fee: An annual, non-refundable registration fee of \$30 is due with the initial tuition payment for the year.

Late Fee: Payers on the Bi-Annual or Quarterly Payment Plan are subject to a late payment fee of \$25, should payment not be received by the due date. Payer is responsible for all payment dates regardless of whether an invoice is received. Should payments be delinquent, Ballet Hispanico reserves the right to suspend Student's participation until all financial obligations are satisfied.

Withdrawal/Refund Policy: Written notification to the School Office is required for a Student to be withdrawn. Notification of the Instructor is not sufficient. Payers are responsible for any unpaid balance at the time written notice is received. Refund of Tuition Fee will be based on classes elapsed to the date the written notification is received. Reimbursement will take 4-6 weeks to process.

Waiver of Liability: I, on behalf of myself and Student, and for Student's executors and administrators, do hereby waive any and all claims, and indemnify, hold harmless and defend Ballet Hispanico of New York, its directors, officers, agents, and employees from all liability, loss, or expense, including reasonable legal expenses, which may occur from any cause whatsoever during or arising from Student's participation in classes, including any injury to Student or Student's guests, or any damage, loss, or theft to Student's property or Student's guests' property, except in cases of willful negligence or gross misconduct by Ballet Hispanico of New York or its employees.

Certification of Physical Condition and Medical Consent: I, on behalf of Student, hereby certify that Student is reasonably suited to participate in dance classes and Student does not have any impairment that would adversely affect Student's participation in the classes. I understand that Ballet Hispanico staff will attempt to contact me or Emergency Contact should Student require medical attention while at Ballet Hispanico. If I/we cannot be reached, I hereby authorize Ballet Hispanico staff to arrange for treatment as necessary.

Film and Photography Release: I, on behalf of Student, grant Ballet Hispanico of New York and its agents or employees the right and permission to record and photograph Student, and consent to and authorize the use and reproduction by Ballet Hispanico of any and all photographs, recordings, videotapes, and/or other reproductions of likenesses of the Student's person or characteristics ("reproductions") for any purpose whatsoever, without compensation to the Student and without notification to me. All reproductions shall be the property of Ballet Hispanico, solely and completely. Further, I assign and release all rights to said reproductions and authorize Ballet Hispanico, or others authorized by them, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part over or in any medium whatsoever, including, without implied limitation, newsletters, radio, newspapers, film, cable, television, and digital media, without compensation, in perpetuity. I also release and agree to hold harmless the producers or any persons or entities acting under their permission or authority from any liability arising from use of said reproductions

I confirm that I have read this Registration Form and agree to abide by the policies and procedures listed herein.

Name (please print)	Signature	Date
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Please return this signed form with your payment to the School Office.

For Office Use Only: Enrolled by _____ Date: _____ Amount received: _____

New Returning | Payment type: Annual Bi-Annual Quarterly | Paid: Cash Check CC | Rcpt/Ck No.: _____

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I confirm that I have read this Registration Form and agree to abide by the policies and procedures listed herein.

Name (please print) _____ Signature _____ Date _____

Please keep this copy for your records.