

# BROOKLYN BALLET

## Registration Form

ALL INFORMATION REQUIRED.

*For Office Use Only*

Date of Registration: \_\_/\_\_/\_\_

Entered in MindBody:

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the student new to Brooklyn Ballet?  Yes  No Age as of September of current school year? \_\_\_\_\_

Previous Dance Training: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's School: \_\_\_\_\_ Is the student part of the Elevate program?  Yes  No

Are there any allergies, medical conditions or medication requirements that we should be aware of?  Yes  No

If yes, please list: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Caretaker Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Are you interested in learning more about volunteering or joining the school's Parent Association?  Yes  No

### OPTIONAL QUESTIONS

Brooklyn Ballet is a non-for-profit organization that receives government grants. The following information is for funding purposes.

How did you learn about Brooklyn Ballet?  Brochure/Poster  Website  Magazine  Newspaper  
 Location  Current Student: \_\_\_\_\_  Other: \_\_\_\_\_

What is the student's ethnicity? \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

## Registration Form

TO BE FILLED OUT BY ADMINISTRATION.

 Full Year

 Fall Semester / Spring Semester (*Pre-Ballet & Elementary Ballet Only*)

Class Name:	Day:	Time:	Tuition Rate:
1.			\$ 695
2.			\$ 1,370
3.			\$ 2,025
4.			\$ 2,680
5.			\$ 380 (1/2 year fee)
<b>Subtotal:</b>			\$
<b>Annual Registration Fee (\$20):</b>			+
<b>Optional: Tax Deductible Charitable Contribution to BB Scholarship Fund</b>			+
<b>Total Tuition Payment: Due prior to the start of classes (Pre-Ballet, Elem. Ballet, Ballet I)</b>			\$
Amount Paid:			\$
<b>Balance Owed:</b>			\$

 Paid in Full    Auto-Pay Plan

Conservatory Training Program	Day:	Time:	Conservatory Tuition Rate:
1. Ballet IA			\$ 2,500
2. Ballet IA/II			\$ 2,750
3. Ballet II			\$ 3,000
4. Ballet II/III			\$ 3,500
5. Ballet III/IV			\$ 3,750
<b>Subtotal:</b>			\$
<b>Annual Registration Fee (\$20):</b>			(Included above)
<b>Optional: Tax Deductible Charitable Contribution to BB Scholarship Fund</b>			+
<b>Total Tuition Payment: Due prior to the start of classes</b>			\$
Amount Paid:			\$
<b>Balance Owed:</b>			\$

 Paid in Full    Auto-Pay Plan

**PARENTS MUST READ AND SIGN BELOW:** By signing this form, I am agreeing that I have received, read and agree to abide by the Policies of Brooklyn Ballet as stipulated in the Student & Parent Handbook. I agree to pay the total tuition payment listed above prior to the start of each semester (please see "Children's Class Pricing & Tuition" Sheet) or I have organized for an agreed Automatic Payment Plan with Brooklyn Ballet. I understand that Brooklyn Ballet does not issue refunds. I recognize there is risk of accident or injury associated with any dance program. I agree that Brooklyn Ballet shall not be liable for any injuries sustained or loss of property during attendance to any of its classes or functions, whether on or off Brooklyn Ballet premises.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_