



# ENROLLMENT FORM

Please print clearly, answer all questions, & initial application.  
Please sign and date the policies and procedures section on pg.2

Date of Enrollment \_\_\_\_\_

## STUDENT INFORMATION

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Students Email Address (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Students Mobile Phone (if applicable) \_\_\_\_\_

Educational School \_\_\_\_\_ Grade \_\_\_\_\_

Please indicate dance training you have received:

Ballet  Jazz  Tap  Theatre  Modern  Other \_\_\_\_\_

Please list studios you have trained at:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions or injuries we should know about? (ex.: asthma, diabetes, torn ligaments, etc.)

\_\_\_\_\_  
\_\_\_\_\_

## PARENT INFORMATION (if minor)

Mother's Full Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Mother's Address (if different) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Fathers Full Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_

Fathers Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Fathers Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

### FOR BALLETS ARTS USE ONLY:

Class Level Assigned: \_\_\_\_\_

Notes \_\_\_\_\_

How did you find out about Ballet Arts? \_\_\_\_\_

Continue on page 2

Name of Student \_\_\_\_\_

## **BALLET ARTS POLICIES**

### Agreement and Verification Sheet

#### **PARTICIPATION RELEASE**

In consideration of the benefits of instruction provided by Ballet Arts School for my child/ward, I/we, intending to be legally bound, do hereby apply for enrollment for our child/ward named above in the program of Ballet Arts School, accepting the risks of motion exploration activities, and do hereby waive claim and release finally Ballet Arts School, and/or its staff, instructors, Judith Gani and other personnel (hereinafter referred to individually or jointly as the School) for claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities, either on or off premises.

#### **PERMISSION OF MEDICAL TREATMENT**

I/we authorize emergency first aid care to be administered to said student by Ballet Arts School in the event he/she becomes injured or ill during instructional program or incidental sponsored activities either on or off premises. If the parent(s) and/or guardian(s) of the child are not immediately available at the telephone numbers provided in this agreement I/we further authorize Judith Gani, the School, or such agents to retain the services of a doctor or other competent medical person in order to treat the said minor. I/we do warrant to Ballet Arts School that the child herewith enrolled is physically and emotionally capable of motion exploration activities and is only limited by the medical notes provided by us shown on this agreement. Ballet Arts School urges that a complete physical examination be undertaken for the student before beginning these activities.

#### **TUITION POLICY**

Full tuition is due the first class of each quarter. Payment is accepted in one quarterly payment OR three payments (one check with current date, and two post-dated checks). Any alternative financial arrangement must be made directly with Judith Gani. Tuition fee is based on twelve weeks of class per quarter (thirty-six weeks per year). Recital dress rehearsal and performance count as one week of class (the thirty-sixth week). Holiday weeks do not count as class. Summer schedule and tuition are modified and priced separately.

#### **PAYMENT**

Tuition is payable by check, cash, or money order. No credit cards accepted.

#### **MISSED CLASSES, ADDS, DROPS, WITHDRAWALS**

No credit or refund will be given for missed classes. Make-up classes are available and should be scheduled with the Director. Classes must be made up within the current quarter and will be scheduled upon availability. Any changes in a student's schedule must be arranged with Judith Gani. There will be no refunds for drops or withdraws during a quarter.

#### **PHOTO RELEASE**

I do give Ballet Arts School permission to display or publish photos of my child.

---

*By signing this Verification Sheet I/we agree that I/we have fully read, understand and will abide by Ballet Arts Policies on all classes, tuition payment, missed classes, and medical treatment.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Signature of parent or guardian is required if applicant is less than 18 years of age.***