

Wilmington Ballet Academy of the Dance

2011 - 2012 Registration – Due August 20, 2011

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ E-mail Address: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Student name: _____ Date of Birth: _____ Age on 9/1/2011: _____ Sex: _____

Student E-mail Address (if applicable): _____

Student name: _____ Date of Birth: _____ Age on 9/1/2011: _____ Sex: _____

Student E-mail Address (if applicable): _____

Student name: _____ Date of Birth: _____ Age on 9/1/2011: _____ Sex: _____

Student E-mail Address (if applicable): _____

Class Information:

Student Name	Class/level	M	T	W	H	F	S	# classes/week

If you have two or more students enrolled in Wilmington Ballet tuition is based on the total number of classes taken by all family members. Wilmington Ballet reserves the right to discontinue a class if a minimum of five (5) students are not enrolled in the class

Tuition may be paid by check or credit card.

Checks should be made payable to:

Wilmington Ballet Academy of the Dance

Total number of classes: _____

Tuition: _____

(tuition charts on back)

Registration Fee: \$30 per Family*

(*does not apply to adult cards)

Total due: _____

Credit Card Payments

Visa _____ MasterCard _____

Credit Card # _____ Ex.: _____

Name on Card: _____ Total to be charged: _____

Signature of Card Holder: _____ Date: _____

Please mail payments and registration to: Wilmington Ballet Academy of the Dance, 1709 Gilpin Avenue, Wilmington, Delaware 19806. **Registration is due August 20, 2011.** If you have any questions about registration please contact us at wilmingtonballet@yahoo.com.

ACKNOWLEDGEMENT

This registration is a commitment to enroll my child(ren) in the courses selected above for the year 2011-2012. I understand that the first quarter's tuition payment is due with registration and subsequent quarters' tuition payments are due on or before the first day of the quarter. I have read and understand the policies set forth by Wilmington Ballet Academy of the Dance on the other side of this sheet and I agree to abide by those policies.

Parent Signature: _____ Date: _____

By signing the registration material, parent or guardian agrees to the use of the child(ren)'s photos in Wilmington Ballet promotion materials including our website.

Students may not attend class without registration forms being completed.

2011 - 2012 Schedule

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Studio A	Studio B	Studio A	Studio B	Studio A	Studio B	Studio A	Studio B	Studio A	Studio B	Studio A	Studio B
4:00-5:00 Ballet B2	4:15 - 5:00 pre-Ballet	4:00 - 5:00 Ballet C1	Class Cancelled	4:00 - 5:30 Jazz C-D	4:15 - 5:00 pm Ballet A	4:00 - 5:00 Ballet B2	4:15 - 5:00 Ballet A	4:00 - 5:30 Mens' Level D	4:00 - 5:30 Ladies Level D		9:00 - 9:45 Ballet A
5:00 - 6:30 Ballet D		5:00 - 6:30 Ballet C2	5:00 - 6:00 Ballet B1	5:30 - 6:30 pre-Pointe C1*		5:00 - 6:30 Ballet C2		5:30 - 6:30 Partner D	5:30 - 6:30 Ballet C1	9:30 - 11:00 Ballet C1/C2	10:00 - 11:00 Ballet B1
6:30 - 7:30 Pointe D		6:30 - 7:30 Beginning Pointe C2*		6:30 - 7:30 Ballet D	6:30 - 8:00 Rehearsal	6:30 - 7:30 Beginning Pointe C2**		6:30 - 8:00 Rehearsal		11:00 - 12:30 Ballet D	11:00 - 12:00 Jazz B
		7:30 - 8:30 Adult Ballet		7:30 - 8:30 Pointe D						12:30 - 6:00 Rehearsal	

Enrollment in the Academy is for the full 2011 - 2012 year.

1st Quarter 9/06/11 – 11/05/11

2nd Quarter 11/07/11 – 1/21/12

3rd Quarter 1/23/12 – 3/24/12

4th Quarter 3/26/12 – 6/02/12

In registering for classes at Wilmington Ballet Academy of the Dance, you are making a commitment to attend. We will ensure that a highly qualified instructor will be present to teach your child each week. In return, you agree to pay your tuition on time each quarter month. You are making a commitment of nine months for you child and we are providing you the highest quality in professional teaching. If your check is returned or we are unable to process your credit card, you will be charged a \$35.00 fee. Any tuition not received by the 3rd day of the quarter will incur a \$10.00 late fee. Full tuition is expected every quarter regardless of snow days, holidays, illness, or vacations. Students may make-up missed classes by attending any class of the same level or any class of a level lower than their current level of study whenever it is convenient through the end of the quarter. Tuition is non-refundable.

Tuition:

Classes/week	Tuition/quarter	Classes/week	Tuition/quarter
1	\$144	7	\$630
2	\$270	8	\$720
3	\$378	9	\$810
4	\$468	10	\$900
5	\$540	11	\$990
6	\$594	12	\$1080

Adult Class Cards:

24 class card \$264

16 class card \$200

8 class card \$120

If you have two or more students enrolled in Wilmington Ballet tuition is based on the total number of classes taken by all family members.

MEDICAL EMERGENCY AUTHORIZATION

I/We, the undersigned parent(s) or legal custodian(s) of _____, a minor, do hereby authorize the Wilmington Ballet Academy of the Dance and its adult employees and representatives as the agent for the undersigned to consent to emergency medical or dental care for the above named child. In case of an emergency, I/we understand every effort will be made to contact me/us. In the event that I/we cannot be reached, I/we give my/our permission to the medical personnel selected by the Wilmington Ballet Academy of the Dance and its adult employees and representatives to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medications for my child. "Proper treatment" shall extend to and include the following non-exclusive list: x-ray, MRI, and other diagnostic imaging examinations, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advise of or to be rendered by physicians or dentists licensed to practice in the State of Delaware.

It is understood that this release is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the Wilmington Ballet Academy of the Dance and its adult employees and representatives as my/our agent to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable. If this authorization is signed by only one parent or custodian, I hereby certify that I have sole legal custody or sole decision-making authority for medical decisions involving the above named minor. This authorization shall remain effective through the end of the 2011 - 2012 year, unless and until a written revocation is delivered to the academy's administrator.

1st Parent/Custodian

Signature: _____ Date: _____

Print Name: _____

Daytime Phone: _____ Evening Phone Number: _____

Cell Number: _____ Email Address: _____

Address: _____

2nd Parent/Custodian

Signature: _____ Date: _____

Print Name: _____

Daytime Phone: _____ Evening Phone Number: _____

Cell Number: _____ Email Address: _____

Address: _____

Additional Emergency Information

Emergency Contact: _____ Phone Number: _____
(Other than above)

Doctor's Name: _____ Phone Number: _____

Dentist Name: : _____ Phone Number: _____

Health Insurance and Number: _____

Please identify any medical or learning conditions or other circumstances that Wilmington Ballet should be aware of?

