

# NEW HAVEN BALLET

Artistic Director Lisa Sanborn

## NEW HAVEN JULY 2017

New Haven	Age*	Day	Time	Weeks (circle all that apply)	Tuition	Total
1 <sup>st</sup> Steps	3-4 yrs	Monday Wednesday	3:00-3:45 p.m.	7/10 7/17 7/24 8/1 8/7	\$40/wk	
Creative Ballet 1&2	5-6 yrs	Monday Wednesday	3:45-4:30 p.m.	7/10 7/17 7/24 8/1 8/7	\$40/wk	
Pre-Ballet/ Primary	7-8 yrs	Monday Wednesday	4:30-5:30 p.m.	7/10 7/17 7/24 8/1 8/7	\$45/wk	
Level 1	9-10 yrs	Tues./Thurs.	5:00-6:00 p.m.	7/11 7/18 7/25 8/1 8/8	\$55/wk	
Level 2/3	10-12 yrs	Mon-Fri	9:00 a.m.-12:30 p.m.	7/10 7/17 7/24 7/31 8/7	\$215/wk	
Level 4	11+ yrs	Mon-Fri.	9:00 a.m.-2:30 p.m.	7/10 7/17 7/24 7/31 8/7	\$399/wk	
Level 5/6/7/8	13+ yrs	Mon. -Fri.	11:30 a.m.-4:30 p.m.	7/10 7/17 7/24 7/31 8/7	\$425/wk	

Total: \_\_\_\_\_

### REGISTRATION

Student Name _____ First Middle Initial Last	Parent Name _____ First Middle Initial Last
<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: ___/___/___ Grade: _____	Cell _____
Previous Dance School _____ Name Years	Address _____ Number Street Unit
Physician _____	City State Zip
Physician Tel. _____	E-Mail _____
Health Plan/ Insurance Co. _____	Home Phone _____
Policy # _____	Work Phone _____
Medical Info. _____ (Allergies, medications, physical/learning disabilities, etc.)	Company Name _____ Title _____
Emergency Contact _____ Name	Emergency Contact _____ (Not Parent) Name
Relationship/Tel. _____	Relationship/Tel. _____

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## NEW HAVEN BALLET PAYMENT & POLICY ACKNOWLEDGEMENTS

Please read the following terms & conditions and sign below. Students must fill out this registration form before their first class. If you wish to pay by Credit Card, enter your information below.

- **Tuition Policy:** Full tuition is due at the beginning of each session. Payment plans are arranged with the approval of the New Haven Ballet Business Manager. Any tuition payment more than 30 days late will be charged a \$25.00 late fee. There is also a \$25.00 charge for returned checks. Once classes begin, tuition is not refundable. Students who miss class or withdraw before the end of the session are obligated to pay full tuition without exception unless the class is canceled. **Students are eligible for a pro-rated tuition refund only if they withdraw from classes due to prolonged illness or severe injury, verified by a medical doctor's certificate.**

- Families/students with an outstanding balance will not be allowed to register until payment is made.
- Full tuition and \$35 registration fee is due before registration can be processed.
- Please make checks payable to NEW HAVEN BALLET.

Enclosed is a check for the full balance due.  Charge my credit card the amount of \$\_\_\_\_\_ (Visa/Mastercard/AMEX)

Name on Card \_\_\_\_\_ Account # \_\_\_\_\_ CVVC \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL**

Return this form with payment to: Registrations, New Haven Ballet, 70 Audubon St., New Haven, CT 06510

- **NHB is committed to diversity:** Please answer the following question. What is the student's race/ethnicity? Please mark the box that describes the race/ethnicity category with which he/she primarily identifies. Submission of this information is voluntary. Responses will remain confidential and used only to satisfy reporting requirements. When reported, data will not identify any specific individuals.

Hispanic or Latino  White  Black or African American  Asian

Native Hawaiian or Other Pacific Islander  American Indian or Alaska Native  Two or More Races

- **Medical Consent and Liability Waiver:** I hereby consent to participate in New Haven Ballet programs. I am aware that all forms of dance and the rigorous exercises associated with it place unusual stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that New Haven Ballet, its staff, and the New Haven Ballet facilities shall not be liable in any way for injuries I or my child sustain during attendance in this program. **I agree that I will not hold New Haven Ballet, Inc. or any of its employees liable for injuries or illness contracted by me or my child while a student at New Haven Ballet.**
- **Student and Parent Handbook:** I/we have read, consent to, understand, and agree to/with NHB's policies and procedures, including those stated in the NHB Handbook, and will abide by them.
- **Photo Waiver:** I hereby irrevocably consent to and authorize the use of reproduction by New Haven Ballet of any and all photographs, recordings, videotapes and/or other reproduction or likenesses of the student's person or characteristics (reproductions) which have been secured by or for New Haven Ballet, for any purpose whatsoever, without compensation to the student. All reproductions shall constitute the property of New Haven Ballet, solely and completely. Further, I assign and release all rights to said reproductions and authorize New Haven Ballet, or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said newspapers, closed circuit television, website, film, cable, and television, with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising from the use of said reproductions.

I/we agree to the photo waiver  I/we do not agree to the photo waiver

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND AGREE TO ABIDE BY NHB'S POLICIES AND PROCEDURES

Signature: \_\_\_\_\_ Signed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian or Student if over 18) (Print your name)

### Office Use Only:

Fall  Spring  Summer  Teen/Open

Registration Form Received: \_\_\_\_\_

Registration Fee Received  FinA \_\_\_\_\_

Registration Entry Updated: \_\_\_\_\_

Check # \_\_\_\_\_  Sch \_\_\_\_\_

New Haven Ballet

70 Audubon Street, New Haven, CT 06510 Tel. 203-782-9038

[www.newhavenballet.org](http://www.newhavenballet.org)