

THE SCHOOL OF ASPEN SANTA FE BALLET

2009-10 Enrollment Form. The 2009-10 term is from September 8th through May 22nd. No additional registration is required to continue classes through May 22nd. If you wish to discontinue classes prior to May 22nd, **WRITTEN** notice must be given to the **OFFICE**, not the teacher, **PRIOR** to the start of the month.

Today's Date _____

Student's Last Name: _____ Age: _____

Student's First Name: _____ Date of Birth: _____

Guardian Name: _____ Home Phone: _____ Cell phone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

*Email _____ *Email address is **required**. All correspondence will be done via email. Families are responsible for all information sent via email, including registration, schedule changes, snow days, Nutcracker and Spring Concert. Please ensure that spam filters are set to allow mail from Aspen Santa Fe Ballet.

IN CASE OF EMERGENCY, CONTACT (other than parent):

Name: _____ Phone: _____

PAYMENT IS BY CREDIT CARD ONLY: VISA, MASTER CARD and AMERICAN EXPRESS (circle one)

Name as it appears on card: _____

Card Number (do not write "on file"): _____

Signature of card holder _____ Exp. Date: _____

CLASS INFORMATION:

Class	Day	Time	Tuition (Monthly)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

NUTCRACKER SIGN UP By checking this box you agree that you have read and understand the Nutcracker Information Letter. Please check this box if student will be 5 years old by October 1st and is interested in participating in *The Nutcracker*. More information and a formal agreement to be signed by parents will be coming in early October.

Total Monthly Tuition \$ _____

Non-refundable Annual Registration Fee (per student) \$ **25.00** _____

Total First Payment \$ _____

Upon receipt of this registration form, one month tuition and registration fee will be charged to your card.

Aspen School: 0245 Sage Way * Aspen, Colorado 81611 * Tel: 970-925-7175 * Fax: 970-925-1127 *
www.aspensantafeballet.com

PLEASE READ, INITIAL, SIGN AND KEEP A COPY OF THE REVERSE SIDE

School and Tuition Policies-Please keep a copy for your records

- **SCHOOL AGE REQUIREMENTS:** Students must be at least 4 years of age. To participate in *The Nutcracker* students must be at least five years old by October 1st and enrolled in *The School of Aspen Santa Fe Ballet* and **PARTICIPATING IN CLASSES** by **September 25th**. Students who enroll after September 25th may not be able to participate in *The Nutcracker*. _____(please initial)
- **LEVEL:** Students will be placed in the level most appropriate for his/her development and abilities. The suggested level also reflects the level of commitment of the student and parent. Students will not be moved up by age, nor will they be moved up every year. If a student does not wish to commit to the required number of classes for a specific level, the option exists for the student to take a lower level that requires fewer classes. _____(please initial)
- **ATTIRE:** The School of Aspen Santa Fe Ballet has a mandatory uniform for all students regardless of age. Female students need pink footed tights, pink leather ballet shoes, and a Harmony leotard in specific style and class color. Skirts are only allowed for pointe classes. Level 1 through level 5 students must have hair secured in a bun. Male students need black shorts/tights and a white t-shirt with no print, white socks and black or white leather slippers. _____(please initial)
- **PAYMENT.** *The School of Aspen Santa Fe Ballet* is a non-profit organization with limited resources. Tuition is figured on an annual basis, paid monthly in advance and in full. Payment is by **Credit Card Only**, and tuition will be automatically charged on the first of every month. Monthly tuition is determined by the number of classes offered at each level for the year (September-May), not by the number of classes in any particular month. Months that have five weeks of classes are considered make-ups for those months with fewer days due to holidays. We must accept your payment information and this initialed and signed form before your child is able to participate in our programs. _____(please initial)
- **LATE FEES.** A **\$15.00 fee** will be charged to your account if you are late with the monthly payment. If a credit card is declined for any reason late fees will apply. Please be sure to contact Aspen Santa Fe Ballet immediately if a new credit card is to be charged. _____(please initial)
- **TUITION IS NOT REFUNDABLE.** Students who miss class, or withdraw before the end of the month are still obligated for the full month's tuition. **Credit will not be given for missed classes.** Students are expected to take a make-up class at the same level or at a lower level *within one month* of the missed class. Classes cancelled by *The School of Aspen Santa Fe Ballet* will be re-scheduled. Classes cancelled due to snow will only be rescheduled if more than one class in a month has been cancelled. _____(please initial)
- **CANCELLATION.** Students may withdraw from classes by giving **written or email notice** to the office (not to the teacher) by the end of the month for the coming month. If written notice has not been received by the end of the month you will still be considered enrolled in classes and obligated for the next month's tuition. _____(please initial)
- **ANNUAL REGISTRATION FEE.** A fee of \$25.00 will be charged per student at the beginning of the school year to cover administration costs. **The term is from beginning of September to end of May.** Students who withdraw prior to May will need to do so in writing to the office, not the teacher. _____(please initial)

FINANCIAL AID: Financial assistance and a limited number of work/study scholarships are available upon request. All current scholarships must be re-evaluated each year. The application deadline is September 30, no exceptions. All students requesting assistance **MUST** be registered in the school by that date. *The School of Aspen Santa Fe Ballet* has a limited amount of dollars to contribute to our scholarship fund and students **MUST** qualify and follow guidelines. For complete guidelines please contact school director _____(please initial)

- **WAIVER.** "I understand that there is a risk of personal injury associated with dance classes and performances. I represent that the above named student is in good health and physically capable of participating in dance classes, performances and recitals. On behalf of myself and the above named student, I hereby waive and release any claim against *The School of Aspen Santa Fe Ballet*, employees and contractors, arising out of personal injury occurring in connection with classes, performances or recitals or otherwise occurring in or around the dance school or other location of classes, performances or recitals. I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency and I cannot be reached, I authorize *The School of Aspen Santa Fe Ballet* to seek any medical assistance reasonably required and agree to be responsible for medical expenses incurred on behalf of the student." It is understood that the teaching of dance requires a certain amount of physical contact between student and teacher. Parent acknowledges that such physical contact is inherent in the teaching process and is not intended to be inappropriate. _____(please initial)

I hereby certify that I have read and understood the above policies and agree to abide by said policies:

X _____ Today's Date: _____