

PrincipalOffice: Post Office Box 923 Denville, NJ 07834-0923 Program Location: Post Office Box 302 Johnson, VT 05656-0302

# Registration

Please complete all sections and return with a 20% deposit. Your space is not reserved until your completed signed application and check reach the office. The deposit is **non-refundable** and will be applied to the applicant's tuition. If the applicant is placed on a waiting list, the deposit will be held until a space is available. If space does not become available, the applicant's check will be returned.

The balance of the tuition is due by May 15<sup>th</sup>. Failure to pay the balance of the tuition by its due date will result in forfeiture of the applicant's place in a session and forfeiture of the deposit fee. **There are no refunds for any reason.** Dancers may add additional weeks on a space available basis before and during the program.

Once your application has been received at the office and processed you will receive confirmation of enrollment in the form of a welcome letter, hand book with forms to be filled out, a balance due letter, and travel information. Please feel free to call the office or email if you have any questions.

	Audítíon Cíty:			
Per	sonal Information:			
	Name			
	Current Mailing Address			
	City	State	Zip	
	Date of birth	Age	Sex	
	Home Phone			
	Dancers Email Address			

Background:

Principle teachers			
Number of years of training	Number of years on pointe		
Have you attended Burklyn be	fore? What year (s)?		
How did you learn about Burk	lyn?		
	ne before? If yes for what and how long?		
General state of health	Previous or current injuries		
Do you have any special needs medical or otherwise that we should be aware of?			
nts Informatíon:			
ents Information:  Mother's Name:			
ents Information:  Mother's Name: Address (if different)			
ents Information:  Mother's Name: Address (if different) Cell Phone			
ents Information:  Mother's Name: Address (if different) Cell Phone Father's Name:	Email		
Mother's Name:Address (if different)  Father's Name: Address (if different)	Email		
Mother's Name:Address (if different)  Father's Name: Address (if different)  Cell phone  Cell phone	Email		
Mother's Name: Address (if different) Cell Phone Father's Name: Address (if different) Cell phone Emergency Contact (if parent of	EmailEmail_		
Mother's Name:Address (if different)  Father's Name: Address (if different)  Cell Phone  Emergency Contact (if parent of Name	EmailEmailEmailEmailEmail		

### Sessions

## **Burklyn Ballet Theatre**

6 Weeks	O June 28- August 09	\$6,250
---------	----------------------	---------

O July 12- August 09

**O** July 19 – August 09

**O** July 12- July 26

O July 26- August 09

# **The Intermediate Program**

2 Weeks: **O** July 12- July 26 \$2,895

# **The Edinburgh Connection**

2 Weeks: August 10 – 23 \$5,215

# **The Choreographic Project** (Ages 15 and up)

**O** 2 Weeks - \$2895 Choose a session from above

# Day Students (no room and board)

- Program I: All classes, rehearsals and performance opportunities \$695 per week
- Program II: Three classes daily, Monday- Friday; (no performances) \$495 per week
- Program III: Two classes daily, Monday- Friday; (no performances) \$395 per week

<sup>\*4</sup> Week BBT Participation required to prepare for Edinburgh Performances

#### **Conditions**

- (a) A dancer's tuition covers room, board, instruction and performances for the session. We recommend that each dancer have \$30.00 per week spending money. If you wish Burklyn Ballet Theatre, Inc. to assume responsibility for disbursement of spending money, you may leave a separate check at registration. Unless otherwise instructed the monies will be disbursed each Saturday of the session in which the dancer is enrolled.
- (b) Burklyn Ballet Theatre, Inc. will have a general practitioner on call throughout the six-week sessions. In addition Burklyn Ballet Theatre, Inc. will have in effect a supplemental accident insurance policy. This insurance will go into effect after your primary insurance or immediately in the event that you don't have primary insurance (\$100 deductible applies). The charge for this insurance is \$65 per dancer and should be included with the final payment of the dancers tuition. A dancer's parents or legal guardian will be responsible for any medical charges in excess of the limits of Burklyn Ballet Theatre, Inc. accident insurance policy.
- (c) Parents, Legal Guardians of dancers are responsible for any and all special medical considerations (i.e. special medications, allergy treatments, etc.) and written medical instructions must accompany all special medications. A physician's statement of health must accompany the final payment\*. If a dancer is not in good health at the time of his or her arrival, he or she, at the discretion of the Artistic Director, may be returned home.
- (d) In the event Burklyn Ballet Theatre must pick up or take a dancer from or to the airport, train station, or bus station, an additional charge of \$70.00 each way will be charged. Payments must be made in advance. **Arrangements for this must be made in advance\***
- (e) Parents or Legal guardians picking dancers up at the end of a session should do so after the Saturday evening performance or the following Sunday before 11am. Dancers leaving by plane/train/bus should be booked for mid-morning on the final Sunday of the session.
- (f) There will be no adjustments for late arrival or early departure from any session for any reason.
- (g) THE ARTISTIC DIRECTOR RESERVES THE RIGHT TO DISMISS ANY DANCER, WHO'S BEHAVIOR, IN THE ARTISTIC DIRECTOR'S SOLE OPINION, IS DISRUPTIVE TO THE PROGRAM. In the event that a dancer is dismissed for disruptive behavior, there will be no adjustment or refund of tuition. (Drugs/alcohol use- immediate dismissal)

I, Parent or Legal Guardian of the aforesaid student, having read and understood this entire
application, agree on behalf of myself and said student not to hold Burklyn Ballet Theatre, Inc.,
its directors, faculty members or staff of either, liable for injuries or illness contracted by said
student while in attendance at Burklyn Ballet Theatre, The Intermediate Program, The
Edinburgh Connection and/ or the Choreographic Project programs and agree to the terms set
forth on all pages of this application.

Date

<sup>\*</sup> Forms will be enclosed in the handbook