



Office Use Only:
Date Received:
Check #:
Amount:
Processed:

Principal Office:
Post Office Box 923
Denville, NJ 07834-0923

Program Location:
Post Office Box 302
Johnson, VT 05656-0302

Registration Form 2018

- Please complete all sections and return with a 20% deposit, paid by check made payable to Burklyn Ballet Theatre.
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.
Payments must be received on time. We do not accept credit cards. Please snail-mail all paperwork.
There is a \$65 insurance fee due in addition to the tuition payment. See page 4, paragraph (b).
The balance of the tuition is due by Tuesday, May 1, 2018.
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 and deposit have been received and processed you will be given confirmation of enrollment via email. Please allow 2-4 weeks. A handbook, medical, travel, and rooming forms will be available at our on-line document library. You will be sent a password to gain access to the Burklyn Document Library to retrieve and print the documents. Please make a copy of this registration form for your records.

Please complete all 4 pages and PRINT CLEARLY.
Return to Burklyn Ballet, P.O. Box 923, Denville, NJ 07834.

Date:
Audition City:
Dancer's Name:
Dancer's Age during program of attendance:
Date of Birth:
Current Mailing Address:
City/State/Zip:
Dancer's Home Number:
Dancer's Cell Number:
Dancer's Email Address:
Principle Teachers:
Have you attended Burklyn Ballet before? If yes, what years:

Dancer Name: _____

Have you been away from home before, and if so, how long and where? _____

Please list previous and current injuries: _____

Do you have any special needs, medical or otherwise that we should be aware of? _____

Parent Information: Please check the preferred Parent/Guardian to contact regarding financial balance statements and general information. You may check both if applicable.

Parent/Guardian #1 Name: _____

Address/City/State/Zip: _____

Preferred Phone: _____

Preferred Email: _____

Parent/Guardian #2 Name: _____

Address/City/State/Zip: _____

Preferred Phone: _____

Preferred Email: _____

Emergency Contact: (If parent or legal guardian cannot be reached.)

Required #1 Name: _____

Preferred Phone: _____

Preferred Email: _____

Relationship: _____

Optional #2 Name: _____

Preferred Phone: _____

Preferred Email: _____

Relationship: _____

On the next page, please mark the session you would like to attend.

Dancer Name: _____

2018 | Burklyn Ballet Theatre:

| 6 weeks | | Tuition, R&B |
|--------------------------|----------------------------|--------------|
| <input type="checkbox"/> | June 24 – August 5 | \$6,680 |
| 4 weeks | | |
| <input type="checkbox"/> | June 24 – July 22 | \$5,098 |
| <input type="checkbox"/> | July 8 – August 5 | \$5,098 |
| <input type="checkbox"/> | Scotland – Returns in 2019 | n/a |
| 3 weeks | | |
| <input type="checkbox"/> | June 24 – July 15 | \$4,302 |
| <input type="checkbox"/> | July 15 – August 5 | \$4,302 |
| 2 weeks | | |
| <input type="checkbox"/> | June 24 – July 8 | \$2,955 |
| <input type="checkbox"/> | July 8 – July 22 | \$2,955 |
| <input type="checkbox"/> | July 22 – August 5 | \$2,955 |

| | |
|--------------------------|-------|
| Tuition: | _____ |
| - 20% dep: | _____ |
| + \$65 insurance: | _____ |
| Final balance due May 1: | _____ |

2018 | The Intermediate Program:

| 2 weeks | | Tuition, R&B |
|--------------------------|------------------|--------------|
| <input type="checkbox"/> | July 8 – July 22 | \$3,028 |

2019 | The Edinburgh Connection: (Scotland)

| | | Tuition, R&B, Travel |
|--------------------------|-----|----------------------|
| <input type="checkbox"/> | n/a | n/a |

2018 | The Choreographic Project: ages 14 & up – session approval required

| | | Tuition, R&B |
|--------------------------|---------|--------------|
| <input type="checkbox"/> | 2 weeks | \$3,028 |
| <input type="checkbox"/> | 3 weeks | \$4,292 |
| <input type="checkbox"/> | 4 weeks | \$5,121 |

2018 | Per Week | Day Students (No R&B): Attend Dates: _____

| | | Tuition |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Program I: All classes, rehearsals and performance opportunities | \$850 per week |
| <input type="checkbox"/> | Program II: 3 classes daily, M-F, no performances | \$575 per week |
| <input type="checkbox"/> | Program III: 2 classes daily, M-F, no performances | \$475 per week |

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 **cash** 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 provide transportation to medical facilities as needed throughout the 6 week sessions. In addition Burklyn Ballet Theatre, Inc. will have in effect a supplemental accident insurance policy. This insurance will go into effect in the event of an accident 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)

* Forms will be included on-line in our document library.

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 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.

Signature

Date