

PrincipalOffice: 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 <u>processed</u> 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	re, and if so, how long and where?
Please list previous and current injuries	s:
Do you have any special needs, medica	al or otherwise that we should be aware of?
	te preferred Parent/Guardian to contact regarding financial eral information. You may check both if applicable.
Parent/Guardian #1 Name:	
Address/City/State/Zip:	
Preferred Email:	
Emergency Contact: (I	f parent or legal guardian cannot be reached.)
Required #1 Name:	
Optional #2 Name:	
Relationship:	

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

Dancer Name:	
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2018 | Burklyn Ballet Theatre:

6 weeks		Tuition, R&B
	June 24 – August 5	\$6,680
4 weeks		
	June 24 – July 22	\$5,098
	July 8 – August 5	\$5,098
	Scotland – Returns in 2019	n/a
3 weeks		
	June 24 – July 15	\$4,302
	July 15 – August 5	\$4,302
2 weeks		
	June 24 – July 8	\$2,955
	July 8 – July 22	\$2,955
	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
	July 8 – July 22	\$3,028

2019 | The Edinburgh Connection: (Scotland)

	Tuition, R&B, Travel
n/a	n/a

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

	Tuition, R&B
2 weeks	\$3,028
3 weeks	\$4,375
4 weeks	\$5,175

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

	Tuition
Program I: All classes,	\$850 per week
rehearsals and performance	_
opportunities	
Program II: 3 classes daily,	\$575 per week
M-F, no performances	•
Program III: 2 classes daily,	\$475 per week
M-F, no performances	_

Dancer Name:

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)

I, Parent or Legal Guardian of the aforesaid student, application, agree on behalf of myself and said student no directors, faculty members or staff liable for injuries or il attendance at Burklyn Ballet Theatre, The Intermediate Protect the Choreographic Project programs and agree to the terms	ot to hold Burklyn Ballet Theatre, Inc., its Ilness contracted by said student while in ogram, The Edinburgh Connection and/or
Signature	Date

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