

Summer Dance Intensive 2010
June 28- July 23

Payment group –A – B – C – D – E – F -
LEVEL: _____
DO NOT FILL IN OFFICE PERSONNEL ONLY

Student Name: _____

Address: _____

City/State _____ zip _____

Tel# _____ Sex M F

Birth date _____ Age _____
mo/day/yr

Parent/Guardian Name:

Last First MI

Cell# _____

Work# _____

Email _____

Emergency Contacts/Phone:

1) _____

2) _____

DANCE TRAINING

Are you currently enrolled in TWB@THEARC?

____ Yes ____ NO

If Yes, what class(es) _____

If no, list other training received or write "None"

TUITION

1. Turn in original completed Application Form, supplement forms, and \$30.00 Registration Fee.
2. **COMPLETE PAYMENT IS DUE BY JUNE 1ST.**
3. If student is currently enrolled in our program please check the status of your account to ensure accuracy
4. Form of payments: check, cash, money order, debit, credit.

Person(s) authorized to pick up your child

1) _____
Last First MI

2) _____
Last First MI

(If alternate aftercare is necessary please contact the Boy's and Girl's Club downstairs. Limited spots available)

MEDICAL INFORMATION

Known Allergies

Dietary Restrictions _____

Vegetarian? ____ Yes ____ No

Medication/Instructions _____

Physical limitations? ____ Yes ____ No

If yes please explain

PHOTOGRAPHIC PERMISSION

I give The Washington Ballet@THEARC representatives permission to take pictures of/videotape my child during class time. These pictures will be used for promotional and archival purposes only.

Signature

Print name

INCOME ASSESMENT

The Washington Ballet@THEARC strives to make our programs more accessible to a broader range of people. Our fee structure is based on annual household income and the size of the household. Please fill out the information below so that we may assess your need.

The Washington Ballet currently has six payment groups, this assessment form along with the income verification document will determine the tuition income group you will placed.

All students are automatically placed in full payment group if verification is not received.

Parent Name: _____

Student's Name: _____ Male _____ Female _____

Address: _____

City _____ State _____ Zip _____

1. Number of children _____
2. Number of adults _____
3. TOTAL: _____

Please check the income level that your household makes before taxes for contributing adults' income. This information is confidential and will not be shared with anyone outside the Washington Ballet.

INCOME VERIFICATION DOCUMENT REQUIRED: Copy of W-2

ANNUAL INCOME	√		Continued	√
Under \$14,000			\$45,000 - \$49,000	
\$15,000 - \$19,000			\$50,000 - \$54,000	
\$20,000 - \$24,000			\$55,000 - \$59,000	
\$25,000 - \$29,000			\$60,000 - \$64,000	
\$30,000 - \$34,000			\$65,000 - \$69,000	
\$35,000 - \$39,000			\$70,000 - \$75,000	
\$40,000 - \$44,000			Over \$75,000	

PARENT/STUDENT CONTRACT SUMMER 2010

- ✓ **The parent/guardian is obligated to pay entire tuition fee on or before June 1, 2010. If a student is unable to attend, withdraws, is dismissed for cause, or fails to attend classes there is no recompense.**
- ✓ Admission is granted by audition only and is based on applicant's interest, mental strength, and compliance with physical requirements.
- ✓ Summer classes are in session for 4 weeks.
- ✓ **Required uniforms must be worn in all classes.** Female students must have hair pulled back from the face and secured in a neat bun. Scarves, head-wraps, etc. are not allowed.
- ✓ Cover-ups must be worn at all times outside The Washington Ballet @ THEARC space.
- ✓ The School reserves the right to dismiss any student from any class or classes, where the administration regards is advisable to do so in the interest of other students or of the school.
- ✓ The Washington Ballet @THEARC reserves the right to know if children have any physical or psychological problems. This information is necessary and will be kept confidential.
- ✓ Consumption of alcohol or any illegal substance is grounds for immediate expulsion from The Washington Ballet, Southeast Campus.
- ✓ The Washington Ballet, Inc.(Washington School of Ballet, a non-profit organization), does not discriminate against applicants or students on the basis of race, color, national or ethnic background, or religion.

In signing this agreement as the guardian of _____, I am stating that I have read the school policies and contracts, and agree to adhere to all of the above guidelines. I acknowledge that I have read and understand the documents enclosed in the registration packet.

Student Name	Student Signature	Date
Parent Name <i>Please fill out completely</i>	Parent Signature	Date