

# Ballet Magnificat! School of the Arts - Application for Enrollment 2008-2009

Date \_\_\_\_\_  New Student  Returning Student  Sibling of Returning Student

Student's Full Name \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Male  Female

Mailing/Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother/Guardian Home Phone Number: \_\_\_\_\_ Mother/Guardian Cell Phone Number: \_\_\_\_\_

Father \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father Work Number: \_\_\_\_\_ Father Cell Phone Number: \_\_\_\_\_

Student's Age as of September 1, 2008 \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Presently Attending \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Dance Education \_\_\_\_\_

---

**EMERGENCY INFORMATION – Name and number of friend or family member not listed above we can contact if needed:**

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

*CONFIDENTIAL. PLEASE ANSWER THE FOLLOWING (IF STUDENT UNDER AGE 18)*

Student lives with  Both Parents  Mother  Father  Other \_\_\_\_\_

Is there anything special we need to know about the student? \_\_\_\_\_

Medical and Medication \_\_\_\_\_ Learning/Behavioral/Handicaps \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

*I understand and agree to the following (initial each):*

- \_\_\_\_\_ 1. Tuition is based on a 9-month school year fee schedule, but may be paid monthly. Automatic credit card payments are available.
- \_\_\_\_\_ 2. Tuition payments are due on the first of each month, September through May, and are considered delinquent if not paid by the 10<sup>th</sup> of each month. A \$10 late fee will be charged for each month a payment is delinquent.
- \_\_\_\_\_ 3. Tuition payments and all remaining fees (costume fees, late fees, etc.) must be current in order for student to participate in any Ballet Magnificat! performance or year-end program.
- \_\_\_\_\_ 4. Any student whose account is not paid by the 15th of the month will be suspended from classes until their account is paid in full. A \$10 reinstatement fee will be charged.
- \_\_\_\_\_ 5. If student needs to withdraw from classes, I am responsible for tuition in full until such time as a withdrawal form is completed and turned in to the school office.
- \_\_\_\_\_ 6. I agree to pay Recital/Costume Fees for the year-end program by October 3, 2008.
- \_\_\_\_\_ 7. I agree to notify the school office, in writing, by October 15, 2008, if my child (or myself) is NOT participating in the year-end program.
- \_\_\_\_\_ 8. I understand that Ballet Magnificat! reserves the right to cancel any class that does not have a sufficient number of students enrolled to support the class.
- \_\_\_\_\_ 9. I agree to read the School of the Arts handbook and agree that my child and/or I will adhere to all the rules and requirements stated therein, including hair and dress code.
- \_\_\_\_\_ 10. By signing below, I do hereby release Ballet Magnificat! and their agents or representatives of liability for my child (or myself) of any injury to my child (or myself) in class, while on the school campus, or while participating in Ballet Magnificat sponsored performances. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on the student's registration form. In the event next of kin cannot be contacted for the health and well being of my child (or myself), I hereby authorize the Administrator, Principal or Instructor of Ballet Magnificat! School of the Arts to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that I and my medical insurance carrier are financially responsible for any medical treatment extended to my child (or myself), and that Ballet Magnificat! and its agents or representatives cannot be held accountable or liable for such medical treatment.

_____	_____
Date	Student (if 18 or over)
_____	_____
Date	Parent (If responsible for student's tuition)

Items #1-10 and Registration Packet Items were reviewed with applicant. \_\_\_\_\_  
Date Ballet Magnificat! Staff

**Does student plan to audition for "A Christmas Dream"?**  YES

- Tiny Tots .....Day \_\_\_\_\_ Time \_\_\_\_\_
- Cherub .....Day \_\_\_\_\_ Time \_\_\_\_\_
- Creative Movement.....Day \_\_\_\_\_ Time \_\_\_\_\_
- Intro to Ballet .....Day \_\_\_\_\_ Time \_\_\_\_\_
- Pre Ballet.....Day \_\_\_\_\_ Time \_\_\_\_\_
- Ballet I A B C (2 days required B/C) ...Day \_\_\_\_\_ Time \_\_\_\_\_
- Ballet II A B (2 days required).....Day \_\_\_\_\_ Time \_\_\_\_\_
- Ballet III (3 days required).....Day(s) \_\_\_\_\_ Time \_\_\_\_\_
- Ballet IV A B (4 days required).....Day(s) \_\_\_\_\_ Time \_\_\_\_\_
- Ballet V (4 days required) .....Day(s) \_\_\_\_\_ Time \_\_\_\_\_
- Jazz I/II.....Day \_\_\_\_\_ Time \_\_\_\_\_
- Adult Ballet  Adult Pilates  Adult P & W.....Day \_\_\_\_\_ Time \_\_\_\_\_
- Youth P&W.....Day \_\_\_\_\_ Time \_\_\_\_\_

