

Ballet Hispanico

Fix your placement. Find your place. SCHOOL OF DANCE

Pre-School Summer Dance Camps About the Program (Ages 3-5)

The Ballet Hispanico Pre-School Summer Dance Camps engage boys and girls ages 3-5 in a balanced exploration of the art and culture of three Latin American countries. Our goal is to introduce children to these diverse cultures while encouraging them to build creative skills in an environment that is safe, accessible, and inclusive. The camps focus on the dances, songs, stories, and rhythms of Latin America through offerings such as creative movement class, the physical interpretation of Latin American children's literature, and the exploration of musical elements and percussion. Each week will take campers on a journey through Argentina, Puerto Rico, and Brazil!

June 11th-June 29th, 2012

July 9-July 13, 2012

All camps 9:00 am-12:00 pm, Monday through Friday
In-studio presentations every Friday for parents!

Week 1: Argentina

Week 2: Puerto Rico

Week 3: Brazil

Week 4: Venezuela

Tuition is \$330 per week-long camp



Sample Class Schedule Programs subject to change.

	Studio 1	Studio 2	Studio 3
9:00-9:10	Stations		
9:10-9:55	Cultural Dance	Creative Dance	Creative Dance
9:55-10:00	Break		
10:00-10:45	Creative Dance	Cultural Dance	Cultural Dance
10:45-11:10	Music	Snack	Snack
11:10-11:35	Snack	Art	Music
11:35-12:00	Art	Music	Art
12:00	Dismissal		

"The teachers here at Ballet Hispanico always remind me of my Hispanic roots, of which I am proud. Motivation, passion, and style is what makes us unique!"

-Angelica Mondol, student

It's easy to register!

By Phone

Contact the School Office at
212-362-6710

Visit

Ballet Hispanico School of Dance
Monday thru Friday 9AM-6PM

Online

Download the registration forms at
ballethispanico.org/classes/summer-programs

Photo © Joshua Preston

Ballet Hispanico

SCHOOL OF DANCE

167 West 89th Street New York, NY 10024
 Phone 212-362-6710 Fax 212-362-3081
 ballethispanico.org

Eduardo Vilario, Artistic Director Tina Ramirez, Founder

Registration Form for the Pre-School Summer Dance Camp 2012

Please print all information

Student Information:

Last Name:	Home Phone:	Street:
First Name	Student Phone:	Apt:
Middle Initial:	Student Email:	City:
Date of Birth:	School:	State:
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade Level	Zip:

How did you hear about us? <i>Please Check all that apply</i>		How do you self-identify? <i>Please Check all that apply</i>
<input type="checkbox"/> Recommendations	<input type="checkbox"/> BH Website	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic(Heritage) _____ <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other _____
<input type="checkbox"/> BH Flyer/Card	<input type="checkbox"/> BH Performance	
<input type="checkbox"/> Bus Shelter	<input type="checkbox"/> Blog/Online	
<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	
<input type="checkbox"/> Other	<input type="checkbox"/> Magazine	

Parent/Guardian Information:	Emergency Contact Information:
Name:	Name:
Relationship to Student:	
City, State, Zip:	Relationship to Student:
Home Phone:	
Work Phone:	City, State, Zip:
Cell Phone:	
*Email:	Best Phone Contact:
Employer:	
Job Title:	*Email

Pre-School Summer Dance Camp Information:	What your child needs:
Drop-off is at 9:00am	Comfortable Clothes
Pick-up is at 12:00pm	Snacks
Culminating Performance every Friday at 11:30am	Water
	Change of Clothes

*The School communicates important information regularly via email.

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Health Form for the Pre-School Summer Dance Camp 2012

This form will help expedite the proper care if a student needs medical care.

Please print all information

Health Insurance Information:
 Do you currently have health insurance: Yes
 Health Insurance Company: _____
If you not have health insurance, please fill out the following:
 Due to the fact that we dot have medical insurance for: _____ we/I will assume all responsibility for payment(s)of medical treatment in an injury that occurs while the student is at Ballet Hispanico

Primary Physician Information:
 Last Name: _____ First Name: _____
 Office Phone: _____ Hospital Preference: _____

Medications:Please list any medications the student takes on a regular basis :

Medical History:
 List any reactions you have had to medications and when:

Medication/Reaction	Date of Occurrence

Please list any allergies you have:

Please list any physical or dance related problem you have such as, an injury, bone, joint or muscular disorder:

Please provide information about any psychological or emotional matters which could affect your physical health and about which our School staff should be aware:

Have you been vaccinated for the following: (check if yes) Chicken Pox Measles

 Parent/Guardian(print name) Signature Date

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Class Schedule, Tuition, Payment and Policy Information for Pre-School Summer Dance Camp 2012 (OFFICE COPY)

Please print all information

Student Name: _____
Program selection: Programs are filled on a first come, first served basis; please check on program availability with the School Office. Then enter your program selection below.

Pre-School Dance Camps

Program	Ages	Times	Dates	Fees	<input checked="" type="checkbox"/>
Pre-School Dance Camp - Week 1: Argentina	Ages 3-5	9:00-12:00	June 11-15	\$330	
Pre-School Dance Camp - Week 2: Puerto Rico	Ages 3-5	9:00-12:00	June 18-22	\$330	
Pre-School Dance Camp - Week 3: Brazil	Ages 3-5	9:00-12:00	June 25-29	\$330	
Pre-School Dance Camp - Week 4: Venezuela	Ages 3-5	9:00-12:00	July 9-13	\$330	

Payment Due Date: All payments are due upon registration.

Withdrawal/Refund Policy: All withdrawal requests must be submitted IN WRITING to the School Office in order for a Student to be withdrawn. Notification of the Instructor is not sufficient. The request must be submitted at least two weeks prior to the commencement of the program. Payers are responsible for any unpaid balance at the time written notice is received. Only 50% of the tuition will be reimbursed. NO REFUNDS will be made after two weeks before commencement of the program. Reimbursement will take 4-6 weeks to process.

Waiver of Liability: I, on behalf of myself and Student, and for Student's executors and administrators, do hereby waive any and all claims, and indemnify, hold harmless and defend Ballet Hispanico of New York, its directors, officers, agents, and employees from all liability, loss, or expense, including reasonable legal expenses, which may occur from any cause whatsoever during or arising from Student's participation in classes, including any injury to Student or Student's guests, or any damage, loss, or theft to Student's property or Student's guests' property, except in cases of willful negligence or gross misconduct by Ballet Hispanico of New York or its employees.

Certification of Physical Condition and Medical Consent: I, on behalf of Student, hereby certify that Student is reasonably suited to participate in dance classes and Student does not have any impairment that would adversely affect Student's participation in the classes. I understand that Ballet Hispanico staff will attempt to contact me or Emergency Contact should Student require medical attention while at Ballet Hispanico. If I/we cannot be reached, I hereby authorize Ballet Hispanico staff to arrange for treatment as necessary.

Film and Photography Release: I, on behalf of Student, grant Ballet Hispanico of New York and its agents or employees the right and permission to record and photograph Student, and consent to and authorize the use and reproduction by Ballet Hispanico of any and all photographs, recordings, videotapes, and/or other reproductions of likenesses of the Student's person or characteristics ("reproductions") for any purpose whatsoever, without compensation to the Student and without notification to me. All reproductions shall be the property of Ballet Hispanico, solely and completely. Further, I assign and release all rights to said reproductions and authorize Ballet Hispanico, or others authorized by them, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part over or in any medium whatsoever, including, without implied limitation, newsletters, radio, newspapers, film, cable, television, and digital media, without compensation, in perpetuity. I also release and agree to hold harmless the producers or any persons or entities acting under their permission or authority from any liability arising from use of said reproductions.

I confirm that I have read this form and agree to abide by the policies and procedures listed herein.

Name (please print) *Signature* *Date*

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Class Schedule, Tuition, Payment and Policy Information for Pre-School Summer Dance Camp 2012 (PARENT COPY)

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I confirm that I have read this form and agree to abide by the policies and procedures listed herein.

Name (please print)

Signature

Date

