

Eduardo Vilaro, Artistic Director Tina Ramirez, Founder

General Program School Year 14-15: Registration Form

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 (<i>specify heritage</i>) _____ <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other _____ <i>This info is used for funding purposes ☺</i>
<input type="checkbox"/> BH Flyer/Card	<input type="checkbox"/> BH Performance Where? _____	
<input type="checkbox"/> Advertisement Where? _____	<input type="checkbox"/> Blog/Online	
<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	
<input type="checkbox"/> Other	<input type="checkbox"/> Publication Which one? _____	

Primary Parent/Guardian Contact	Secondary Parent/Guardian Contact
Name:	Name:
Relationship to Student:	Relationship to Student:
Address	Address
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
*Email (required): <i>This email will be primary contact for all information</i>	*Email (required):
*The School communicates ALL information via email.	
Employer:	Employer:
Job Title:	Job Title:
Emergency Contact	
Name	Phone:

Specifications For Office Use only:

General Program School Year 14-15: Health Form

This form will help expedite the proper medical attention should your child need it.

Please print all information

Health Insurance Information:

Student Name: _____

Do you currently have health insurance: Yes No Health Insurance Name: _____ Member # _____

If you do not have health insurance, please fill out the following: Due to the fact that we do not 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:

Physician Name: _____ Office Phone: _____

Hospital Preference: _____

Secondary Medical Provider, if any: _____

Medications: Please list any medications your child takes on a regular basis :

Medical History: List any reactions your child has had to medications and when:

Medication/Reaction	Date of Occurrence

Please list any allergies you have:

Please list any physical or dance related problems your child has had such as, an injury, bone, joint or muscular disorder:

Please make us aware of any special or extraordinary needs which we would need to keep in mind for your child's progress at the school. (i.e. dietary, emotional, social, cultural, learning ability)

Parent/Guardian(print name)	Signature	Date
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General Program 14-15: Tuition and Payment Information

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.

Class Name: _____

Day: _____

Time: _____

Payment Options: *BH Bundle: Sign up for two or more classes and save money!

All plans represent a commitment to the entire School Year Program (9/8/14-6/1/15)

Program:	Frequency	Annual	<input checked="" type="checkbox"/>	Bi-Annual	<input checked="" type="checkbox"/>	Quarterly	<input checked="" type="checkbox"/>
Intro Level : Ages 6 Beginner Level: Ages 7-8 Pre-Teen Level: Ages 9-11 Teen Level: Ages 12-18 *15% Sibling discount offered	1 class/wk	\$1000		\$500		\$250	
	2 classes/wk	\$1500		\$750		\$375	
	3 classes/wk	\$2000		\$1000		\$500	
	4 classes/wk	\$2500		\$1250		\$625	
	5 classes/wk	\$3000		\$1500		\$750	

Payment Due Dates:

Annual:	Bi-Annual:	Quarterly:
Due upon registration	1 st payment due upon registration 2 nd payment due 1/26/15	1 st payment due upon registration 2 nd payment due 11/17/14 3 rd payment due 1/26/15 4 th payment due 4/13/15
	<i>Late payment incurs fee</i>	<i>Late payment incurs fee</i>

For office use only

New <input type="checkbox"/> Returning <input type="checkbox"/> Contribution \$ _____ Registration Fee \$ <u>30.00</u> Recital Fee \$ <u>30.00</u> (additional \$10 per class) Tuition \$ _____ Sibling discount \$ _____ Total Received \$ _____ Balance Due \$ _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check Check No. _____ <input type="checkbox"/> Credit Rcpt No. _____
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I confirm that I read and understood the above Tuition schedule

 Parent/Guardian (print name)

 Signature

 Date

General Program School Year 14-15 Policy Information

RECITAL: Participation in the recital is at the discretion of the Instructor and School Leadership. This will be effected by any excessive absences, conduct and progress. _____ (Initial here)

LATE FEE: Payer is responsible for all payment dates regardless of whether an invoice is received. Payees on the Bi-Annual or Quarterly Payment Plan are subject to a late payment fee of \$30, should payment not be received by the due date. **Ballet Hispanico reserves the right to suspend Student's participation until all financial obligations are satisfied.** _____ (Initial here)

WITHDRAWAL/REFUND POLICY: Written notification to the School Office is **required** for a Student to be withdrawn. **Notification of the Instructor is not sufficient.** Parents are responsible for any tuition due at the time the written notice is received. **Refunds of tuition are allowed only for the following causes: for medical reasons, accompanied by doctor's note; or if the family is moving out of the city, accompanied by appropriate documentation.** The amount of refund will be based on a charge for each class conducted prior to the date the written notification is received. Reimbursement will take 4-6 weeks to process. **No refunds will be issued for missed classes.** _____ (Initial here)

CLASS CANCELLATION: Ballet Hispanico reserves the right to cancel under-enrolled classes. In the event of inclement weather, Ballet Hispanico reserves the right to not hold classes. If this occurs your class will be credited into your account. There are no make-up classes for any reason. _____ (Initial here)

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. _____ (Initial here)

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 the 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. _____ (Initial here)

FILM AND PHOTOGRAPHY RELEASE: I, on behalf of Student, grant Ballet Hispanico and its agents or employees the right and permission to record and photograph my child, 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. _____ (Initial here)

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

Name (please print)

Signature

Date

Checking/Savings Account Automatic Bill Pay Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below: *Please Print Clearly*

I _____ authorize Ballet Hispanico of New York, Inc. to charge my bank
(full name)
 account \$ _____ on the 1st / 15th of each month for payment of my child(ren), _____,
(amount) (please circle which date) (child's name)
 tuition until the balance is paid off.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



The graphic shows a routing number '222222222' circled in purple and an account number '000 111 5551 1027' circled in orange.

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Ballet Hispanico of New York, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Ballet Hispanico of New York, Inc may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

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Scholarship Checklist

Ballet Hispanico provides limited financial aid support for families who qualify

To apply for a scholarship please submit the following:

- Completed Registration Form
- 1040 tax forms
- Completed Scholarship Application

Applications are not considered complete unless all forms are submitted together. Incomplete applications will not be accepted. Please allow two weeks for processing.

Applying for a scholarship? Please read the following:

Application deadline: **Monday, August 4th, 2014**

- For submissions after this date, any remaining funds will be distributed on a first come first serve basis.
- The scholarship award is for a full school year commitment*. Classes begin Monday, September 8th, 2014 thru Saturday, May 23rd, 2014
- Student performance: student preparedness, excessive lateness, excessive absences and conduct could affect scholarship award.

***If you forfeit your scholarship during the year, you will be financially responsible for the scholarship funds used to date as well as any tuition owed.**

Scholarship Application for School Year 2014-2015

Please sign and date this form and return to the address below. **You must include a copy of your 2013 IRS 1040 or 1040 EZ Tax Return Forms for each person listed in "Household Income" above.**

Return to: Nicholas Villeneuve, Deputy School Director, Ballet Hispanico, 167 West 89 Street, New York, NY 10024

Please print all information

Student Information:

Last: _____ First: _____ Middle Initial: _____

Previous Scholarships: *Please list all previous merit or need-based scholarships granted by Ballet Hispanico or other dance schools.*

School Name	Amount of Scholarship	Year(s) Scholarship Awarded
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	

Household Income: *Please list all persons, related and non-related, who live in the household and share living expenses.*

Name	Current Employer	Occupation and Title	Total Income reported on IRS 1040
			\$ _____
			\$ _____
			\$ _____

Additional annual income from other sources: \$ _____

Amount able to contribute toward tuition: \$ _____

Dependent Children: *Please list all dependents living in the household or living outside your home, and indicate the amount of financial assistance received each year from extra-familial sources.*

Child's Name	Age	School	Amount of Financial Assistance
			\$ _____
			\$ _____
			\$ _____
			\$ _____

Please note that if you forfeit the scholarship you are responsible for paying the balance

Certification: I certify that all of the information provided is true and that all household income is reported. I understand that incomplete information will hinder the scholarship process for my child. I understand that the information contained in this merit application will be kept confidential by Ballet Hispanico.

Parent's Signature _____

Date _____

For Office Use Only:

Scholarship Type: _____

Scholarship Amount: \$ _____

Date Processed: _____

