

# ORLANDO BALLET SCHOOL

PETER STARK | DIRECTOR

## REGISTRATION 2009-2010

To register for the 2009-2010 Orlando Ballet School year,

1. Fill out requested information on the front sheet of the registration form. All students must fill in age and birth date. Returning students should have a copy of birth certificate on file. New students must supply a copy at time of registration. Enrollment track students must be the age indicated below on or before September 1 to be eligible for the class level indicated.

Class Level	Age	Date of Birth must be on or before
Dress Up & Dance	3	September 1, 2006
Creative Movement 1	4	September 1, 2005
Creative Movement 2	5	September 1, 2004
Primary	6	September 1, 2003
Preparatory and up		Placement class required

2. Fill out medical information forms and photographic release letter with signatures in all required spaces.
3. Read and sign both sides of Family and Student Commitment Forms. Registration will not be confirmed until commitment forms are returned.
4. Select the class you want to register for from appropriate level sheets and write that class information next to student's name on front page of registration form.
5. Fill in appropriate payment amounts in First Month Fee Box at bottom of registration form.
6. First month payment must be enclosed with completed registration form. First payment includes Registration Fee, Full Month Tuition (half month August and half month May), and Costume Fee.
7. You may include your first payment in one of the methods described Payment Policies Sheet. You may mail a check, automatic credit card authorization or one-time credit card authorization. Please note: If you are choosing automatic credit card payment option, your first payment will be charged at time of registration and automatic tuition charges will begin on September 1, 2009.

Mail completed registration materials and payment to your school location.

Registration must include:

1. Completed registration form (4 pages)
2. Signed Family and Student commitments
3. Payment in form of check, automatic or one-time Credit Card authorization

**Orlando Ballet School Central**  
1111 N Orange Ave  
Orlando, FL 32804

**Orlando Ballet School South**  
7600 Dr. Phillips Blvd  
Orlando, FL 32819

**Orlando Ballet School Seminole**  
1811 West SR 434  
Longwood, FL 32750

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## PAYMENT POLICIES 2009-2010

### **POLICIES:**

1. Payment at time of registration must include Registration Fee, Tuition Payment, and Costume Fee\*\*
2. Registration and Costume fees are not refundable or transferable.
3. Tuition may be paid annually, semi-annually, or monthly.
4. Monthly payments are due on the first of each month.
5. A late fee of \$15.00 will be charged to all payments received after the 10<sup>th</sup> of the month.
6. If a credit card charge is declined, a \$15.00 processing fee will be charged.
7. If a check is returned due to insufficient funds, a \$25 non-sufficient funds (NSF) fee will be charged. NSF fees must be paid for with cash, credit card, or money order.
8. If payment is not made in full by the end of a month, student may not attend class until balance is paid in full. An additional registration fee may be charged.
9. There are no refunds for missed classes and no discounts for partial class participation.
10. Parents are responsible for all payments until a drop form is submitted and signed by school administrator.

### **TUITION PAYMENT OPTIONS:**

Registration and Costume Fees are to be paid in full at time of registration.

Tuition fees may be paid in one of the following ways:

**Annual:** Full tuition paid at time of registration. There is a 5% discount\* on tuition cost when full payment is made at the beginning of the year.

**Semi-Annual:** Tuition fees may be paid in two equal payments. First payment is due at time of registration and second payment is due in January. No discount for this option.

**Monthly:** First month payment is due at registration. (August payment includes tuition for half of August and half of May) Remaining payments are due on the first of each following month. (September – April). Monthly Payments may be made as follows:

- Automatic credit card charge (authorization form required)
- Credit card payment at school office
- check payment at school office
- exact cash payment at school office

Orlando Ballet School does not send invoices - You are responsible to pay fees by the 1st of each month.

**A late fee of \$15.00 is charged on all payments received after the 10<sup>th</sup> of the month. NO EXCEPTIONS**

### **Family Discounts\***

Family discounts apply to tuition only

- 2 children: 5%
- 3 children: 10%
- 4 children: 15%

\* Discounts are applicable to tuition only. Discounts do not apply to registration or costume fees.

\*\*First year enrollment track students (D&D, CM1, CM2, & Primary) may delay payment of costume fees until September 30, 2009.

The Orlando Ballet School is a professional ballet school. We do not offer day care or after school care. Students are to be dropped off/picked up within 15 minutes of the start/end of each class or rehearsal. Students who are dropped off early or left late will be charged \$10 per 15 minutes (or fraction thereof).

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## **2009-2010 REGISTRATION FORM**

A copy of student's birth certificate is required at registration for all enrollment track students (D&D, CM1, CM2, Primary)

1. Student Name: \_\_\_\_\_ 09/10 level & class/day \_\_\_\_\_

male  female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Staff verify Birth Certificate: \_\_\_\_\_

List additional students in same family:

2. Student Name: \_\_\_\_\_ 09/10 level & class/day \_\_\_\_\_

male  female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Staff verify Birth Certificate: \_\_\_\_\_

3. Student Name: \_\_\_\_\_ 09/10 level & class/day \_\_\_\_\_

male  female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Staff verify Birth Certificate: \_\_\_\_\_

### **Contact information**

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Parent/Guardian Information**

Mother's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Would you consider volunteering your time if needed?  yes  no

Are you presently a Season Ticket Holder for the Orlando Ballet Professional Company?  yes  no

New Student  Returning Student  Returning Family last year attended: \_\_\_\_\_

How will you be paying your monthly tuition?  automatic credit card charge  in person at school

### **First Month's Fees (09/10)**

Registration fee (non refundable) \$35 X \_\_\_\_\_ = \_\_\_\_\_

Registration fee (non refundable) \$40 X \_\_\_\_\_ = \_\_\_\_\_

Costume fee (non refundable) \$80 X \_\_\_\_\_ = \_\_\_\_\_

Costume fee (non refundable) \$160 X \_\_\_\_\_ = \_\_\_\_\_

First Tuition Payment

Minus \_\_\_\_\_% (\$ \_\_\_\_\_) = \_\_\_\_\_

**Total due at Registration** \$ \_\_\_\_\_

check # \_\_\_\_\_ (enclosed)  charge my credit card (enclose form)

**Date of Registration:** \_\_\_\_\_

by Mail  Walk in

### **Choice of School Location**

(Please circle your choice of Orlando Ballet School location)

#### **Central**

1111 North Orange Ave  
Orlando, FL 32804  
407.426.1733 x 10

#### **South**

7600 Dr Phillips Blvd  
Orlando, FL 32819  
407.352.9733

#### **Seminole**

1811 West SR 434  
Longwood, FL 32750  
407.834.8895

# ORLANDO BALLET SCHOOL

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## **PHOTOGRAPHIC RELEASE LETTER**

Return completed form with registration materials

Please check one of the following and sign below:

I hereby grant to Orlando Ballet, and their respective licensees, successors and assigns, the right and permission, with respect to photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such photographs in all media, and in advertising, publicity and promotion thereof.
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the

foregoing.

I hereby release, discharge and agree to indemnify and hold harmless Orlando Ballet and their respective heirs, legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

I do not grant to Orlando Ballet, and their respective licensees, successors and assigns, the right and permission, with respect to photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such photographs in all media, and in advertising, publicity and promotion thereof.
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the

foregoing.

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
OBS Location

\_\_\_\_\_  
Level

I hereby certify that I am the Parent and/or guardian of \_\_\_\_\_, a minor under the age of eighteen years and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this photographic release, including, without limitation, the release, discharge and hold harmless provisions thereof.

\_\_\_\_\_  
Signature of Parent or Guardian of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact phone number

# ORLANDO BALLET SCHOOL

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## 2009-2010 Medical Information

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_

General Health of Student:  Good  Fair  Poor

Any known allergies: \_\_\_\_\_

List any medical conditions we should know about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child is covered under the following insurance plan: \_\_\_\_\_

Medical Insurance and Group Number: \_\_\_\_\_

## Consent to Medical Treatment

In an emergency, when parental permission is not available, I hereby give my permission for a staff member of Orlando Ballet to consent to medical treatment for our child and/or ward.

\_\_\_\_\_  
Printed name of Child or Ward

\_\_\_\_\_  
2009-2010 level

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_

## Liability Waiver

I am aware that dance and the nature of the training and performing associated with Orlando Ballet School place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that Orlando Ballet, Orlando Ballet School, and the staff of this institution shall not be liable in any way for injuries sustained during attendance in classes, rehearsals, or any related functions.

It is also understood that dance instruction involves kinetic corrections that may include physically touching a student as part of regular class work and rehearsals.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

**EMERGENCY & HEALTH INFORMATION SHEET–Orlando Ballet School 2009-2010**

1. \*I give OBS permission to give Tylenol/Advil, at their discretion, for acute pain not relieved by non-medical means.

Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Tylenol or Advil \_\_\_\_\_ None \_\_\_\_\_

2. \*Please list and describe allergies or reactions to: *(If there are no allergies, please enter NONE)*

a. Medicines:

b. Foods:

c. Insect Stings:

Recommended treatment for allergy: *(Medication AND form must be supplied to OBS)*

3. \*Does your child have asthma that has been diagnosed by a doctor?

**If No, please write "NO" in the box.**

If yes, what treatment has been prescribed? *(Medication AND form must be supplied to OBS)*

4. \*Please list and describe any chronic or severe illnesses, injuries, or surgeries:

**If None, please write "NONE" in the box.**

5. \*Does your child have any need for special attention because of health problems?

**If No, please write "NO" in the box.**

If yes, explain:

6. \*Does your child use vision or hearing aids?

**If No, please write "NO" in the box.**

If yes, explain:

7. \*Does your child have any disabilities?

**If No, please write "NO" in the box.**

If yes, explain:

8. \*Has your child ever had a seizure?

**If No, please write "NO" in the box.**

If yes, explain:

9. \*Does your child currently take any prescription or non-prescription medications, pills (other than vitamins), or use an inhaler?

**If No, please write "NO" in the box.**

If yes, explain:

10. Additional Medical Information: \_\_\_\_\_

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## STUDENT COMMITMENT CONTRACT

- I will be in class, with the proper attire (dress code and hair, no jewelry, only stud earrings accepted), warmed up, and focused before class begins. I will take sole responsibility for being on time to all classes, rehearsals and performances.
- I will come to class prepared. This includes completing any outside class assignments and rehearsals.
- I will respect the facility around me, and take responsibility for lost or damaged property, as well as clean up after myself and behave appropriately at all times.
- I will only eat and drink in designated areas, only water is allowed in closed containers in the studios. No food is allowed on the stairways or hallways, only in the designated areas.
- I understand that theft, vandalism, use of alcohol, tobacco or drugs, inappropriate language and behavior are grounds for immediate dismissal from the program at any Orlando Ballet School locations.
- I will be focused throughout class. I will be supportive of my peers and participate fully for the duration of each class. I will maintain a consistently respectful attitude toward my class, my peers, my instructor, OBS administrators and the faculty.
- I will apply corrections and follow directions.
- I will commit to daily improvements in my work.
- I will take responsibility for, and contribute to, the success of each class.
- I will attend performances of our Professional Company and broaden my understanding of the Arts as a whole.
- I will be persistent. I will strive for consistency in my class work by accepting setbacks and refocusing my energies.
- I will maintain a mature attitude in dealing with problems by describing the problem clearly, offering potential solutions and remaining open to suggestions.
- I will practice good behavior in and out of the classroom, and remember that this is a School and NOT a playground.
- I will exercise common sense in all my activities at both the Patel Conservatory and Orlando Ballet Schools.
- I will respect the judgment of the faculty regarding my progress in the curriculum.
- I will be respectful of different viewpoints, cultures and lifestyles.

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**Print Student Name**

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**Level**

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**Student Signature**

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**Date**

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## FAMILY COMMITMENT CONTRACT

- I will support my child in his or her efforts in attending Orlando Ballet School and the Patel Conservatory by ensuring punctual transportation for my child, supporting classroom methodology, and respecting the relationship between my child and his/her instructor.
- I will be aware of my child's other activities and plan accordingly. I understand that my child may be dismissed from the classical ballet training program at OBS if he or she has unexcused and/or excessive absences.
- I will be aware of all OBS and Patel calendars, schedules and policies (including helping my child be correctly dressed in proper attire and hair for class), and be responsible for my child's consistent participation in all scheduled events.
- I will respect the judgment of the OBS faculty regarding my child's progress in the program.
- Before sessions begin, I will notify OBS of any anticipated absences in writing.
- I realize that I (parent/caregiver) am not to leave the school facility during class time if my child is unable to manage bathroom duties alone.
- I will maintain a mature attitude in dealing with problems by stating the problem clearly, offering potential solutions and remaining open to suggestions.
- I will be respectful of different viewpoints, cultures and lifestyles.
- I also understand that a fee will be charged for any student not picked within 15 minutes after his/her class ends.
- I also understand that students are NOT to be dropped off more than fifteen minutes before class starting time, and that all students D&D thru Level 2 must be walked into the building to the Central 3rd floor Break Room, South Lobby, Seminole Lobby and Patel School.
- I understand that enrollment in the program will not be automatically renewed from year to year to the next level. The decision to retain or advance a student will be made with careful consideration by the Director and faculty.
- I understand that students are notified 2x per year of progress and class level placement for the following year. Level placement is reviewed again in September, subject to the student's summer progress.

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**Print Student Name**

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**Level**

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**Parent Signature**

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**Date**

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## Credit Card Automatic Charge Authorization 2009-2010 School Year

Use this form to charge first payment and to authorize Orlando Ballet School to automatically charge tuition to your credit card each month

Student's Name \_\_\_\_\_ Level \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Amount of first payment: \_\_\_\_\_ One time fee (registration fee, first month tuition, and costume fee)

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The following charges will be automatically charged each month:

Amount of Monthly Charge \$ \_\_\_\_\_ First Payment Date \_\_\_\_\_

Last Payment Date April 1, 2010

American Express \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_\*

Master Card \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_\*

Visa \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_\*

Discover \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_\*

\*expiration date must be after April 30, 2010

I authorize Orlando Ballet School to charge the above credit card for the first payment amount and for the tuition on the first day of each month for the amounts indicated above. Charges will be made starting September of 2009, or the first month of registration, and continue through April 1, 2010.

Signature of Cardholder \_\_\_\_\_

Please Print Your Name \_\_\_\_\_

Phone # \_\_\_\_\_ Zip Code \_\_\_\_\_

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Please keep this section for your records

My American Express/Visa/MC/Discover will be automatically charged every month for my child's tuition at the Orlando Ballet School.

Amount of Monthly Charge \$ \_\_\_\_\_ First Payment Date \_\_\_\_\_

Last Payment Date April 1, 2010

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## One Time Credit Card Authorization 2009-2010 School Year

Use this form to authorize Orlando Ballet to charge your credit card one time for the amount noted below

Student's Name \_\_\_\_\_ Level \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Payment \_\_\_\_\_

Reason for this charge: \_\_\_\_\_

Amount of Charge \$ \_\_\_\_\_ Date of charge: \_\_\_\_\_

American Express \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_\*

Master Card \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_\*

Visa \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_\*

Discover \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_\*

\*expiration date must be after April 30, 2010

I authorize Orlando Ballet School to charge the above credit card for the amounts indicated above. This is a one time charge.

Signature of Cardholder \_\_\_\_\_

Please Print Your Name \_\_\_\_\_

Phone # \_\_\_\_\_ Zip Code \_\_\_\_\_

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Please keep this section for your records

My American Express/Visa/MC/Discover has been charged for tuition and fees at the Orlando Ballet School.

Amount of Charge \$ \_\_\_\_\_ Date: \_\_\_\_\_

Updated 8/11/09