

Student Information

Name _____ Home Phone _____ Cell Phone _____
 Address _____ Age _____ Date of Birth _____
 City/State/Zip _____
 County: Adams Boulder Broomfield
 Denver Jefferson Other _____
 Female Male
 Academic School _____ Grade _____
 Email' _____

Parent #1 Name

Check if address is same as student
 Address _____
 City/State/Zip _____
 County: Adams Boulder Broomfield
 Denver Jefferson Other _____
 Relationship to Student _____
 Home Phone _____ Cell Phone _____
 Work Phone _____
 Employer/City _____
 Occupation _____
 Email' _____

Parent #2 Name

Check if address is same as student
 Address _____
 City/State/Zip _____
 County: Adams Boulder Broomfield
 Denver Jefferson Other _____
 Relationship to Student _____
 Home Phone _____ Cell Phone _____
 Work Phone _____
 Employer/City _____
 Occupation _____
 Email* _____

***Email will be used to provide BNC school updates. We will NOT give or sell email addresses to outside organizations.**

Person Responsible for Billing, If Different from Above

Name _____ Home Phone _____ Cell Phone _____
 Address _____ Work Phone _____
 City/State/Zip _____
 County: Adams Boulder Broomfield
 Denver Jefferson Other _____

Emergency Contact Information – please list an individual who is not one of the parents listed above

Name _____ Relationship to Student _____
 Home Phone _____ Cell Phone _____
 Work Phone _____

Please list all medical conditions, current medications and any learning or other special considerations/circumstances BNC should be aware of. If none, please write "none".

Is the Student New Returning

If new, how did you hear about Ballet Nouveau Colorado?
 Referred by another Ballet Nouveau Colorado student or family
 (student's name) _____
 Referred by someone outside of Ballet Nouveau Colorado
 (name) _____
 Newspaper / Magazine Advertising
 Mailing Yellow Pages
 Internet Search Facebook
 Other (please list) _____

Volunteering

Like any non-profit organization, Ballet Nouveau Colorado depends on volunteers for critical support to keep tuition costs low throughout the year. Please indicate the areas where you would like to help:

- Volunteer Committee
- Production support - ushering and front of house sales during shows
- Fundraising - help with special events
- Office/Admin support - help with general office tasks
- Other _____
- Not interested at this time

For all **new students**, please list all previous and concurrent dance training (attach sheet if necessary).

DATES	SCHOOL NAME AND LOCATION	TYPE OF DANCE AND LEVEL

Track PM CDB Reg Peachtree Donation Recorded Punch Card Pay'd: hrs date
 Pymt Type Pymt Amt date
 Housing App Rec'd
 Punch Card Pay'd: hrs
 Time Rec'd
 How Rec'd
 Date Rec'd
 Rec'd by TYCA
 Confirmed Referred TYS
 CS BNC Admin use only

All class placements are by approval of the School Director only. Please list only approved placements.

What is your Director-approved Divison placement? (As listed on your placement letter) _____

Pre-School June 21 through July 31

In which classes are you enrolling? You may choose one or two classes per week.

Monday 9:00–9:45 am Saturday 9:00–9:45 am Saturday 9:45–10:30 am

Divisions I–III June 21 through July 30

Div I.1 Div I.2

Div II

Div III.1 Div III.2 Div III.9+

How many weeks are you requesting?

6 weeks 4 weeks (Please specify weeks below)

wk 1 6/21–6/25 wk 2 6/28–7/2 wk 3 7/5–7/9 wk 4 7/12–7/16 wk 5 7/19–7/23 wk 6 7/26–7/30

Adult Classes June 7 through August 14 - prorated amounts available for adults who begin after June 7

Adult Beginning/Intermediate Ballet

Wednesday 7:00–8:15 pm Saturday 9:00–10:15 am

Adult Intermediate Ballet

Thursday 6:45–8:45 pm

Ballet Fundamentals for Adults

Saturday 10:15–11:15 am

Punch Cards and Interim Classes 6 hours 9 hours 15 hours

Summer punch cards are available for ballet, pointe, intensive, adult and interim classes. Punch cards expire August 14, 2010, except for adult students, and are not transferable. Unused punches may NOT be exchanged for cash or credit.

Payment Calculation

List Tuition for Summer Program _____

List Tuition for Punch Cards + _____

Add \$25 Summer Registration Fee + _____
(\$5 for each additional family member)

Optional tax-deductible donation to BNC + _____

Total = _____

Please attach check payable to Ballet Nouveau Colorado.
To pay by VISA or MasterCard, please contact the front desk.

Registration will NOT be processed until:

- This form is complete and signed
 - Payment is complete including registration fee
- Tuition and registration fee are non-refundable.

Tuition Schedule

	1 CLASS/WEEK	2 CLASSES/WEEK
Pre-School Ballet	6 weeks – \$87	6 weeks – \$130

	6 WEEKS	4 WEEKS
Fairy Tale Camp – Div I	\$447	\$372
Int Camp – Div II	\$447	\$372
Int Camp – Div III	\$893	\$743
9+ Camp	\$665	\$554
9+ Ballet	\$315	\$249

	1 CLASS/WEEK	2 CLASSES/WEEK	3 CLASSES/WEEK
Adult Classes	\$140	\$280	\$420

Punch Cards:

6 hrs – \$101
9 hrs – \$148
15 hrs – \$227

I have read, understand and agree to the policies of Ballet Nouveau Colorado (BNC) and the School of BNC. I understand that I am responsible for the full tuition of the classes for which I am registered, and that tuition is not refundable except in the case of a cancelled class. I understand that space in camp classes is limited, and that priority is given to 6-week participants. I understand that punch cards expire at the end of the summer session, and may not be transferred or exchanged for cash or credit. I give permission for BNC to publish student information in a school roster, and to take and publish photos and/or videos of me/my child for the purposes of promoting BNC, and to use such photos/videos with no fee to me or my child. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and I agree that I will not hold BNC or any BNC faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is a student at BNC. I exempt, release and indemnify BNC and its agents from any and all liability claims, demands, or causes of action whatsoever from any damage, loss or injury to the student, parent/guardian, family member or personal property which may arise out of or in connection with participation in any BNC activities.

Signature of Parent or Guardian _____

Date _____

Signature of Student _____

Date _____



3001 Industrial Lane, #12
Broomfield, CO 80020
Phone: 303.466.5685 Fax: 303.466.3776
schoolofbnc.com

I'm interested in: Nutcracker Student Company
 2010 2010
 2011 2011