

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 _____ Relationship to Student _____
 City/State/Zip _____ Home Phone _____ Cell Phone _____
 County: Adams Boulder Broomfield Work Phone _____
 Denver Jefferson Other _____ Employer/City _____
 Occupation _____
 Email' _____

Parent #2 Name

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

***Email will be used to provide BNC 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 (name) _____
 Referred by someone outside of Ballet Nouveau Colorado (name) _____
 Newspaper Advertising Yellow Pages
 Mailing Other (please list) _____
 Internet Search _____

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:

Fundraising - help with special events
 Office/Admin Support - help with general office tasks
 Production Support - ushering and front of house sales during shows
 Volunteer Committee
 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

TYCA
 Referred TYS
 CS
 CDB
 Reg
 TTF
 Donation Recorded
 Invoiced
 Pymt Type
 Pymt Amt
 Time Rec'd
 How Rec'd
 Date Rec'd
 Rec'd by
 Confirmed
 Level
 BNC-Admin use only

Class Registration

Please complete a separate line for every class for which you are registering.

2009-10

CLASS NAME/LEVEL	DAY	TIME	INSTRUCTOR	HOURS PER WEEK	APPROVED BY SCHOOL DIRECTOR?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL HOURS REGISTERED					<input type="checkbox"/> YES <input type="checkbox"/> NO

Method of Payment

Tuition and registration fee are non-refundable.

- 10 Installments
- Tuition pre-paid (due by 8/15/09 & 1/9/10) to receive 5% discount

Payment Calculation

Tuition Fee

Tuition is based on number of hours registered (see Tuition Schedule) _____

Add Registration Fee

\$25 for first student, \$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

2009-10 Tuition Schedule

# HOURS PER WK	MONTHLY INSTALLMENT AMOUNT	5% PRE-PAY INSTALLMENT AMOUNT (DUE BY 8/15/09 & 1/9/10 TO RECEIVE 5% DISCOUNT)
1	62	295
1.5	94	447
2	116	551
2.5	146	694
3	162	770
3.5	187	888
4	198	941
5	227	1078
6	252	1197
7	270	1283
8	284	1349
9	293	1392
10+	301	1430

2009-10 Adult Tuition Schedule

Ballet Fundamentals for Adults

Saturdays 11:30-12:30, 8 week sessions – see below

\$112 per session

SESSION	DATES
1	Aug 22–Oct 10
2	Oct 17–Dec 12 (no class Nov 28 Thanksgiving)
3	Jan 9–Feb 27
4	Mar 6–May 1 (no class Mar 27, Spring Break)
5	June 12–July 31

Adult Weekly Classes

# OF CLASSES PER WEEK	MONTHLY INSTALLMENT AMOUNT	5% PRE-PAY INSTALLMENT AMOUNT (DUE BY 8/15/09 & 1/9/10 TO RECEIVE 5% DISCOUNT)
1	55	261
2	109	518
3	164	779
4	218	1036

I have read, understand and agree to the policies of Ballet Nouveau Colorado (BNC). I understand that:

- Tuition is divided into 10 equal installments paid on a monthly basis (Installment amount does not change based on the number of weeks in a month)
- **Tuition is due the 1st of each month, and I will NOT receive a bill or monthly statement**
- Tuition received after the 5th of the month will result in a \$10 late fee
- I may pre-pay the first or last 5 installments for a 5% discount. To receive 5% discount, pre-payments are due by 8/15/09 and 1/9/10, without exception
- **Under NO circumstance will I receive a refund or credit on paid tuition**

I give permission for BNC to take and publish photos and/or videos of my child/myself and to use such photos/videos with no fee to my child or me. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and 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 activity.

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

This Year This Year

Next Year Next Year

In Future In Future