

Pre-College Ballet Registration Form

Fall 2009

Send this form to:

Judy Anderson

IU Jacobs School of Music

1201 East Third Street, PB 128

Bloomington, IN 47405

Student's Name _____ Age _____

Student's Birthdate _____ School _____

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Student's Email _____

Parent's Email _____

Please check the appropriate box(es) your child is registering for:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> CM I (\$245) | <input type="checkbox"/> CM II (\$245) | <input type="checkbox"/> CM III (\$245) | <input type="checkbox"/> Intro to Ballet (\$245) |
| <input type="checkbox"/> Ballet I (\$245) | <input type="checkbox"/> Ballet II (\$345) | <input type="checkbox"/> Ballet III (\$365) | <input type="checkbox"/> Ballet IV classes only (\$375) |
| <input type="checkbox"/> Ballet IV & Beginning Pointe (\$425) | <input type="checkbox"/> Ballet IV & Ballet for Boys (\$425) | | |
| <input type="checkbox"/> Ballet V ballet & pointe only (\$425) | <input type="checkbox"/> Ballet V Complete (\$500) | | |
| <input type="checkbox"/> Ballet VI ballet & pointe only (\$500) | <input type="checkbox"/> Ballet VI Complete (\$675) | | |
| <input type="checkbox"/> Ballet VII ballet & pointe only (\$600) | <input type="checkbox"/> Ballet VII Complete (\$725) | | |
| <input type="checkbox"/> 1—Open Ballet Class per week (\$325) | <input type="checkbox"/> 2—Open Ballet Classes per week (\$425) | | |
| <input type="checkbox"/> 1—Pilates class per week (\$175) | <input type="checkbox"/> 2—Pilates classes per week (\$245) | | |
| <input type="checkbox"/> Ballet for Boys (\$175) | <input type="checkbox"/> Ballet for Boys with Level classes (\$75) | <input type="checkbox"/> Exploration in Dance Styles (\$245) | |

TOTAL \$ _____

IU Pre-College Ballet Safety Form

I understand that Indiana University and the Jacobs School of Music Pre-College Ballet Program require that **all students** be accompanied by an adult to and from their scheduled studio (room 305, 307, or 309 in the MAC) for all classes and rehearsals. If I decide to allow my child to walk to and from his/her studio without an adult, I understand that I am waiving the recommendations of Indiana University and the Pre-College Ballet Program and for the safety of my child.

If anyone other than those persons listed on my "Transport List" is going to pick up my child from any IU Pre-College Ballet Program class, rehearsal, or performance, I will contact Doricha Sales 24-hours in advance. If anyone besides those listed on my "Transport List" request to transport my child from the Ballet Department studios, I request that someone from the IU Pre-College Ballet Department contact me before allowing my child to leave the IU Ballet Department studio area.

In the case of an emergency, I understand that the IU Pre-College Ballet Program will first contact me then contact IUPD. In the event that I cannot be reached, I understand that the IU Pre-College Ballet Program will attempt to contact those listed on my "Emergency Contact List" and they may advise to the appropriate action for my child. If no one can be reached, I understand that the IU Pre-College Program will contact the IUPD.

_____ Date _____
(Parent's or Guardian's Signature)

Contact Phone Number _____ Alternative Phone _____

Emergency Contact Information

In case of an emergency, please contact:

1. _____ at _____
2. _____ at _____
3. _____ at _____

Child Transport Information

I will allow my child to be picked up by the following adults:

1. _____ Relationship to child _____
2. _____ Relationship to child _____
3. _____ Relationship to child _____

Pre-College Ballet Payment Form

Fall 2009

Please payment with this form as well as Registration and Safety Forms to:

Judy Anderson
Indiana University's Jacobs School of Music
1124 East Third Street, Room 128
Bloomington, IN 47405

Please note that we cannot accept credit card payments by telephore or process applications without this form AND the Registration and Safety Forms. You may FAX all materials to Judy at (812) 856-1782.

Full tuition is due with registration.

** There is a \$45.00 cancellation and processing fee for refunded tuition.

I wish to pay by check

Total amount of check: \$ _____

Checks should be made payable to: *Indiana University*

I wish to pay by credit card

(Circle one) Visa American Express MasterCard Discover

Credit Card Number: _____

Expiration date: _____

Signature: _____

Total amount to be charged: \$ _____