

**BALLET ACADEMY By DramaZone® (BABD)
@ DWIGHT ATHLETIC CENTER**

2116 First Ave Btw 108 and 109th St.
RisingStar@DramaZoneNYC.com
www.DramaZoneNYC.com
 917-690-0789



SPRING 2016 – REGISTRATION FORM

M/W Afterschool Arts Intensive 1.5hr class

SLEEPING BEAUTY AND SNOW WHITE

No background necessary but all talents welcome. This Arts Intensive includes all professional arts skills taught all in the spirit of fun. Children will work with the pros at the DramaZone to enjoy building confidence, poise, grace, flexibility, speech, diction, strength, breath support and a full cardio dance workout **while preparing for a show for friends and family!** Monday Intensive includes: Classical Ballet, Singing, Acting, Musical Theatre. Wednesdays Intensive includes: Classical Ballet, Tap, Jazz and Other Mixed Dance Styles. Professional Quality Arts Education from the Pros at the DramaZone® with all the Fun!

FEB 1 – JUNE 28, 2016

Dates Closed: 2/8, 2/15, 2/17, 4/25, 4/27, 5/30, 6/29

(Tuition Based on 48. Per 1.5 class without bussing)

Tuition Mondays: 864. / Tuition Wednesdays: 912.

Tuition Mondays with bussing: 1,314 / Tuition Wednesdays with bussing: 1,387

(Bussing is round trip school to home with a minimum of 11 children)

One Form Per Child. No Registration Fee!

Payment by Credit Card or Check: Please note your statement will say Pig Tales, Inc.

Fill out form, and Email as a PDF to: RisingStar@DramaZoneNYC.com or mail to:

Pig Tales, Inc. 111 E.14 St. Ste. 193, NY, NY 10003, or Fax to: 646-478-9692

**Please note there is a minimum of five children to run a class and cancellation is in advance at the discretion of DramaZone.

There is a 25. Per 30min Late Pick up Fee after 5pm for any child not picked up for all classes requiring adult pick up.

Dress: Pink Leotard with Attached Skirt, Pink Tights and Pink Leather Ballet Slippers/ Sneakers and Sweat

Pants or Shorts. Hair: Ponytail or Bun. Suggested: Capezio.com

BOTH DAYS FEATURED THEME: SLEEPING BEAUTY AND SNOW WHITE

Mondays: Ballet, Singing, Acting, Musical Theatre Intensive 3:30 – 5pm

Wednesdays: Ballet, Tap, Jazz, and Other Mixed Dance Styles 3:30 – 5pm

PRE PROFESSIONAL BALLET PROGRAM – Tues/Thurs/Sat

Feb 1 – June 21/ Closed: 2/16, 2/18, 2/20, 3/26, 4/26, 4/28, 4/30, 5/12, 5/28, 6/21, 6/28

TUES / THURS	BUDDING BALLERINAS LEVEL 1 LEVEL 2	5-7yrs 6-8yrs	3:30 - 4:30 4:30 - 5:30	(18 Sessions) Tuition: w/out bussing T: 540./ Th: 540.
SAT & SUN	PETITE BUDDING BALLERINAS	3-4yrs 4-5yrs	10-10:45 11-11:45	(17 Sessions) Tuition: w/out bussing Sat: 510./ Sun: 510.

BALLET ACADEMY By DramaZone® (BABD)

@ DWIGHT ATHLETIC CENTER

2116 First Ave Btw 108 and 109th St.

RisingStar@DramaZoneNYC.com

www.DramaZoneNYC.com

917-690-0789

--	--	--	--	--

REGISTRATION FORM 1 OF 2: (Both forms must be filled out)

First Name of Child: _____ Last Name of Child _____

D/O/B: _____ Your Child's Class/ Grade: _____

Allergies: _____

Mother/Guardian's Name: _____

Cell: _____ Email _____

Father/Guardian's Names: _____

Cell: _____ Email: _____

Child's Physician: _____ Physician Ph # _____

Emergency Name: _____ Relationship: _____

Emergency Contact Cell: _____ Emergency Contact Email: _____

Child's Home Address: _____ Apt. _____

City _____ State _____ Zip Code _____

Caregiver's Name: _____ Phone: _____

PASSWORD for PICK UP for NON Parent, Guardian or Listed Caregiver _____

Payment (kindly circle): Check, Visa, Master Card

Card number: _____ Zip Code of Card _____

Expiration Date: _____ Code: _____ Total \$ _____

Your credit card statement to PIG TALES, Inc. is your receipt.

I, register my child _____ for the following classes:

Registration Class Picks! (Fill in and see above schedule for rate)

Class _____ Day _____ Rate _____

Class _____ Day _____ Rate _____

Child's Name: _____ (Kindly print)

1. I/We the undersigned parent or guardian of the above child understands and agrees to the terms and conditions herein: 1) To pay Pig Tales Inc. (DramaZone and Ballet Academy By DramaZone), the non-refundable non-transferable fee listed above at the time of registration in full. 2) That time and date for each of the sessions has been pre-determined by the Program and that make ups are not possible. 3) That once a student is registered that there is no credit or refund for missed or unused sessions and that all fees paid to the program are non-refundable and non-transferable and there are no make up dates 4) That Snow and weather cancellations are an act of God and are based on the NY DOE Announcement without a make up class. 5) That there is an 18% monthly finance charge on payment outstanding over 30 days from the 2nd attended class.

**BALLET ACADEMY By DramaZone® (BABD)
@ DWIGHT ATHLETIC CENTER**
2116 First Ave Btw 108 and 109th St.
RisingStar@DramaZoneNYC.com
www.DramaZoneNYC.com
917-690-0789

REGISTRATION FORM 2 OF 2: (Both forms must be filled out)

6) That the Directors/Teachers of the program have the right to terminate the enrollment of any child from the program, at any time if the Director/Teacher, in his or her sole discretion, determines that the continued attendance of the child in the Program is not in the best interest of the child or the Program, the undersigned acknowledges and agrees that the student's enrollment may be terminated for a violation of the rules or regulations of the Program, at the Program's sole discretion, without any refund or cancellation of tuition, which the undersigned nevertheless agrees to pay in accordance with the terms of this contract. 7) To grant the Program and its Events permission to include photographs and videos taken during the sessions and events, in which his/her child may appear not limited to: program literature, demonstrations, informational, promotional and/or marketing materials. 8) That in the event that the Parent cannot be reached and a situation arises which the Program Director/ Teacher and All Staff defines as an emergency, the parent and/ or guardian hereby grants permission to the Program Director/Teacher and All Staff to secure and provide for necessary medical treatment, including hospitalization. 9) That the Program does not have the services of a nurse or other medical personnel on premises to administer medication or provide medical treatment. The undersigned acknowledges and agrees that, to the extent that the student is required to be administered medication during the time that the child is in the program that, non-medical staff would administer such medication. 10) That part of the experiences that my/our child will be having may be new to my child, and they come with certain risks and uncertainties beyond what my child may be used to dealing with at home or in his/her school environment. 11) That no environment is risk-free, and we are prepared to assume on behalf of our child, the risk involved in his/her participation in the DramaZone, Pig Tales, Inc. 12) The Parent and Guardian furthermore releases and holds harmless the following entities: Pig Tales, Inc. Dwight and Dwight Athletic Center corporation(s), its agents and employees from all claims, damages or other liability for injury to the student where such claims, damages, or other liability is not the result of gross negligence by the Program, its agents, or employees. The Parent further agrees and acknowledges that the Program, its affiliates, agents or employees are not responsible for any medical expenses for the child. 13) That our child is in good physical health to participate in physical fitness classes, art, sports, dance, music and drama classes. 14) *That it is the sole responsibility of the parent or guardian to update in writing with a confirmation of receipt from the program an updated address and correct contact information at all times while in the program. 15) That I/We the Parent/ Guardian of the above child give authorization to run the credit card listed herein for the charges enclosed.

Print Father or Guardian

Print Mother or Guardian

Signature and Date

Signature and Date