

BALLET ACADEMY By DramaZone® (BABD)



RisingStar@DramaZoneNYC.com
www.DramaZoneNYC.com
 917-690-0789

FALL 2016 – REGISTRATION FORM

SEM1 – Sept 19 – January 27 One Form Per Child.

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/Dress: Pink Leotard with Attached Skirt, Pink Tights and Pink Leather Ballet Slippers/ Sneakers. Hair: Ponytail or Bun.

<u>DAY</u>	<u>1.5 Hr. AFTERSCHOOL PROGRAM</u>	<u>AGE</u>	<u>BUS SERVICE PROGRAM (10 child minimum for bussing)</u>	<u>NO BUS RATE 5 child minimum to run class</u>
MON 5-6yrs	<u>BALLET AFTERSCHOOL PROGRAM INCLUDES:</u>	5 – 8's	2:35 – 3:10 pick up – (Based on School) Ps 6: 2:35	Parent / Caregiver Drop off & Pick Up 90min Activity 3:30 – 5 16 Weeks: 560.
WED 7-8yrs	*All Classes taught by DramaZone Professional Dance Artists 16 Week Program		Includes: 90 min Professional Arts Activities/ Bus Pick Up /Drop Off / Nut Free Snack /Additional On Site Games/ Full Supervision/ Changing 90min Activity 5:30 – 6:10 drop off 16 Weeks: 880.	

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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 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: _____ (print in caps)

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Enrollment Agreement

Print Name of Enrolled Child: _____

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 after Sept 19. 4) That Snow and weather cancellations are at the discretion of Pig Tales, Inc. (DramaZone) 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. 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's 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, 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