



BALLET FORTE

at Wings Conservatory

338 Main Street, Suite 2 | Chester, NJ 07930 | 908-879-8717

2019 SUMMER REGISTRATION

STUDENT: _____

DATE: _____

CONSERVATORY PROGRAM (Check all that apply) ******* Early Bird Rate: 10% off two sessions OR 5% off one session**

TECHNIQUE SESSION 1: Monday, July 8th - Friday, July 12th, 2019

- Advanced Beginner / Intermediate (8-12 yrs old) from 1:30pm - 4:30pm - \$425
- Intermediate / Advanced (10-18 yrs old) from 1:30pm - 4:30pm - \$425

TECHNIQUE SESSION 2: Monday, July 22nd - Friday, July 26th, 2019

- Advanced Beginner / Intermediate (8-12 yrs old) from 1:30pm - 4:30pm - \$425
- Intermediate / Advanced (10-18 yrs old) from 1:30pm - 4:30pm - \$425

TECHNIQUE SESSION 3: Monday, August 12th - Friday, August 16th, 2019

- Advanced Beginner / Intermediate (8-12 yrs old) from 1:30pm - 4:30pm - \$425
- Intermediate / Advanced (10-18 yrs old) from 1:30pm - 4:30pm - \$425

YOUNG DANCERS PROGRAM (4 - 7 yrs old) *******Early Bird Rate: \$135.00**

SESSION 1: Monday, August 12th - Friday, August 16th, 2019 - \$150

- Morning, 9:30am - 11:30am

Bailer Al Sol : Monday, August 5th - Friday, August 9th, 2019

During this workshop, dancers will be learning a piece of choreography which will culminate in our annual performance "Bailer al Sol" on Friday evening, August 9th (venue TBA). This is truly a unique opportunity not to be missed and a great resume builder.

*****Please note this week does count toward one of the 5 required weeks of training for Ballet Forte Div II and III dancers.**

- Intermediate / Advanced (11-18 yrs old) from 10:00am - 1:00pm - \$425 (plus a small costume fee for the 8/9 performance)

MUSICAL THEATER PROGRAM

YOUNG THEATER PROGRAM: (ages: 6 - 9) Monday, July 15th - Friday, July 19th, 2019 - \$300

*** Disney Theme ***

- Morning, 9:30am - 11:30am

OLDER THEATER PROGRAM: (ages: 10 - 13) Monday, July 29th - Friday, August 2nd, 2019 - \$300

*** The Greatest Showman Theme ***

- Morning, 9:30am - 11:30am

TUITION

Please return your completed Summer Registration Packet with a deposit of \$150 for the Conservatory Program or a deposit of \$50 for the Young Dancers Program by Monday, April 8, 2019. **IF FULL PAYMENT IS RECEIVED BY 4/8 THEN YOU WILL RECEIVE THE EARLY BIRD RATE. OTHERWISE,**

ALL BALANCES MUST BE PAID IN FULL BY WEDNESDAY, MAY 8, 2019.

- \$50 fee per week for late payment
- \$40 fee for returned checks
- All deposits and tuition are non-refundable

NEW STUDENTS

Number of years studied: _____ Previous place(s) of training: _____

How did you hear about Ballet Forte: Flyer/Sign Newspaper Friend Other _____



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RULES & DRESS CODE

Studio Rules

1. Arrive promptly to class (late students will be sent home)
2. No talking during class, please raise your hand for questions
3. No food or drinks in class, except water bottles
4. No leaning on the barre during class
5. Ask permission to use the restroom (unless it's an emergency)
6. Hold finishing positions until the instructor indicates you may stop
7. Give instructor full attention
8. Teasing and gossip will NOT be tolerated

Dress Code

1. Ballet students must wear hair up neatly in a bun. Pre-Forte students may wear hair in a bun or pulled back off of face
2. No jewelry, except small stud earrings
3. New pointe shoes must be checked by Director, Andrea Kramer, before being worn to class

INTENSIVE	TIGHTS	SHOES & NOTES
Young Dancers Program	Pink seamed	Pink ballet shoes or black for boys (any brand) Leotard (any color) or white t-shirt black bottoms for boys
Technique (Adv/Beg-Adv)	Pink seamed	Solid color leotard (any color) or white t-shirt, black bottoms for boys. Ballet Shoes (recommended brand/style Bloch Pro Elastic style #S0621L).

NOTES TO PARENTS/GUARDIANS

- Pick-up/drop-off of students is preferred to minimize congestion in studio (except Pre-Forte students).
- Students picked up more than 20-minutes late are not the responsibility of Ballet Forte NJ at Wings Conservatory, Inc.
- For discussions with the director or with an instructor, please schedule an appointment.
- Injured dancers are encouraged to sit and observe classes.
- Please Email in absences.



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CREDIT CARD AUTHORIZATION

I hereby give Ballet Forte at Wings Conservatory, Inc. authorization to charge my credit card:

Visa

MasterCard

Last 4 digits of CC Number: _____ Expiration Date: _____ / _____

In the amount of \$ _____

For the following service(s): _____

Name as appears on CC: _____

Address: _____

City/State/Zip: _____

Signature

Date

The below portion of this form will be shredded after Ballet Forte enters your CC information into their system - this is for your benefit and protection.

Full CC Number: _____

CCV: _____



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RELEASES

Ballet Forte NJ at Wings Conservatory, Inc. will be referred to as BF in the following releases.

Liability Release:

I hereby certify that my child is in normal health and capable of participating safely in BF's programs. I will notify BF if the participant has any health problems. I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume all risks and hazards incidental to the conduct of the program. Picking up my child more than 20-minutes after class or rehearsal is my responsibility and not the responsibility of BF. Tuition quoted is for a full week attendance. If my child decides to leave the program early, I am liable for the full week's tuition.

Publicity Release:

I hereby authorized BF to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for BF to use and license others to use these materials in any manner or media whatsoever. BF is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by BF for such use.

I have read and understand the Liability and Publicity Releases.

Student's Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



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STUDENT	
Student's Name:	
Date of Birth:	
Academic School:	
Grade Entering:	
Home Phone:	
Address:	
City, State, Zip:	
PARENT/GUARDIAN INFORMATION	
One parent or legal guardian signature is required if student is under 18 years old. <i>I the undersigned have read and agree to all of BF's policies, rules, terms, and conditions.</i>	
Parent/Guardian's Name:	
Parent/Guardian's Signature:	
Relationship to Student:	
Email Address:	
Home Phone:	
Cell Phone/Work Phone:	C: <input type="text"/> W: <input type="text"/>
EMERGENCY CONTACT	
Emergency Contact's Name:	
Relationship to Student:	
Home Phone:	
Cell Phone:	
Work Phone:	
MEDICAL	
Medical condition(s) or recent injuries that the faculty should be aware of:	
Medication(s) student takes:	
Allergies:	