



**FALL 2010 – SPRING 2011
REGISTRATION FORM**
REGISTRATION DEADLINE IS JULY 30, 2010

For Office Use Only

___Reg. Book ___QB ___SF
___Copy ___Outlook ___Postcard

STUDENT INFORMATION

Student Name _____ Phone (____) _____

Home Address _____
Street Address City State Zip Code

Parent's E-mail _____
(Please list the best e-mail address for information regarding school events, performances and volunteer needs)

Female Male Date of Birth _____ Age _____ Academic School _____ Grade _____

I am new to Marin Ballet

Marin Ballet funding sources require information regarding racial/ethnic origin. Responses will be held as confidential.

Asian-American/Pacific Islander African-American Hispanic/Latino White Other _____

PARENT INFORMATION

Mother's/Guardian's Name _____ Phone (H) _____ (Cell) _____

E-mail Address _____

Employer _____
Position Work Phone

Father's/Guardian's Name _____ Phone (H) _____ (Cell) _____

E-mail Address _____

Employer _____
Position Work Phone

Parent/Guardian Address, if different from Student Information: _____

Billing Name and Address if different from Parent Information: _____

GRANDPARENT INFORMATION

Marin Ballet is interested in sharing information about performances and school events with the grandparents of our students. Please provide information below so that your child's grandparents can receive selected school mailings. Marin Ballet does not share personal information with other organizations.

Grandparents' Names _____ e-mail _____

Mailing Address _____
Street Address City State Zip Code

Grandparents' Names _____ e-mail _____

Mailing Address _____
Street Address City State Zip Code



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REGISTRATION FORM – CONTINUED
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*Medical Information
 Consent Agreements
 Emergency Contacts*

MEDICAL INFORMATION & CONSENT AGREEMENTS

(Responses will be held as confidential)

- My child/ward is subject to certain medical conditions or must take the following prescribed medications on a regular basis _____
 - List allergies/reactions & treatment _____

 - Student's Physician _____ (phone) _____
 - Insurance Provider _____
 - I release any claims on photos or videos taken of my child/ward while participating at any Marin Ballet event, performance, class, etc. and agree that Marin Ballet has permission to use these photos for its own promotional purposes. _____ *(initial)*
 - I understand that dancing is a strenuous exercise and that there is risk of injury in the execution of dance. My child/ward is in good and normal physical condition, and I will notify Marin Ballet about changes in her/his fitness. I will not hold Marin Ballet responsible for any injuries resulting from dance training. _____ *(initial)*
 - I hereby give Marin Ballet or its designated representative permission to obtain emergency medical attention, short of major surgery, for my child/ward, _____ (name) _____ *(initial)*.
 - I have read and acknowledge Marin Ballet's payment policies and understand that I will be responsible for any assessed late fees in the event that my student's quarterly tuition payment is not received by the due date listed in the registration paperwork. _____ *(initial)*.
- Check only if you **DO NOT** wish to have your contact information published in The MB Directory (distributed to MB families only).

Parent or Guardian Signature

Date

EMERGENCY CONTACTS

In case of emergency or disaster all efforts will be made to contact the parents at the phone numbers provided on the registration form. Please provide alternative phone numbers and contacts.

Local Emergency Contact

Name/Relationship

Phone

Out-of-area Emergency Contact (in case of local disaster)

Name/Relationship

Phone



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*Registration & Payment
Information*

CLASS REGISTRATION

➤ **PRE-BALLET DIVISION** (*choose 1 class*)

| Movement Exploration | Creative Movement | Ballet Preparatory 1 | Ballet Preparatory 2 |
|--|---|---|---|
| <input type="checkbox"/> ME-1 (Tues 3:00-3:45) | <input type="checkbox"/> CM-1 (Mon 3:00-4:00) | <input type="checkbox"/> Prep 1-1 (Mon 3:00-4:00) | <input type="checkbox"/> Prep 2-1 (Mon 4:00-5:00) |
| <input type="checkbox"/> ME-2 (Sat 9:00–9:45) | <input type="checkbox"/> CM-2 (Thurs 3:00-4:00) | <input type="checkbox"/> Prep 1-2 (Thurs 3:00-4:00) | <input type="checkbox"/> Prep 2-2 (Wed 4:00-5:00) |
| | <input type="checkbox"/> CM-3 (Sat 9:00-10:00) | <input type="checkbox"/> Prep 1/2-4 (Fri 4:00-5:00) | <input type="checkbox"/> Prep 2-3 (Thurs 4:00-5:00) |
| | | <input type="checkbox"/> Prep 1-5 (Sat 10:15-11:15) | <input type="checkbox"/> Prep 1/2-4 (Fri 4:00-5:00) |
| | | <input type="checkbox"/> Prep 1/2-6 (Sat 11:30-12:30) | <input type="checkbox"/> Prep 2-5 (Sat 9:15-10:15) |
| | | | <input type="checkbox"/> Prep 1/2-6 (Sat 11:30-12:30) |

➤ **PRIMARY, INTERMEDIATE & ADVANCED BALLET DIVISIONS**

| | | | | |
|---|---|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Level 1-1 (Mon) | <input type="checkbox"/> Level 2-1 (M/Th) | <input type="checkbox"/> Level 3-1 (T/Th) | <input type="checkbox"/> Level 5 | <input type="checkbox"/> Level 8 |
| <input type="checkbox"/> Level 1-5 (Mon) | <input type="checkbox"/> Level 2-2 (T/S) | <input type="checkbox"/> Level 3-2 (W/S) | <input type="checkbox"/> Level 6 | <input type="checkbox"/> Level 9 |
| <input type="checkbox"/> Level 1-2 (Tues) | <input type="checkbox"/> Level 2-3 (M/W) | <input type="checkbox"/> Level 4-1 (M/Th/S) | <input type="checkbox"/> Level 7 | |
| <input type="checkbox"/> Level 1-3 (Wed) | | <input type="checkbox"/> Level 4-2 (T/W/S) | | |
| <input type="checkbox"/> Level 1-4 (Sat) | | | | |

PAYMENT

Student's Name _____

| | |
|---|--|
| First Quarter Tuition Total | \$ _____ |
| Sibling Discount (-10% of lesser tuition) | \$ _____ () |
| Scholarship Discount (-% of award) | \$ _____ () <input type="checkbox"/> App. Submitted |
| Non-refundable Annual Registration Fee | \$ <u>75.00</u> |
| Performance Fee (Levels 2-4) | \$ <u>60.00</u> |
| OR | OR |
| Performance Fee (Levels 5-9) | \$ <u>75.00</u> |
| <i>I understand that Marin Ballet is a not-for-profit organization and that tuition covers only 71% of the school's expenses. Therefore, I enclose a contribution of:</i> | \$ _____ |
| Total: | \$ _____ |

Payment Method: _____ Check Enclosed _____ Visa _____ MasterCard _____

Credit Card Payment Authorization: **TOTAL AMT CHARGED** _____

Visa Mastercard Card # _____ Exp _____ CVC (3 digit code) _____

Billing Address _____
Street Address City State Zip Code

If using a corporate card, what is your employee number? _____

Signature _____

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