



# Virginia Regional Ballet Academy

## 2009-2010 Enrollment Application



www.danceVRB.com  
Email: [Dance@danceVRB.com](mailto:Dance@danceVRB.com)  
Phone: (757) 229-2553

1228 Richmond Road  
Williamsburg, VA 23185  
Date \_\_\_\_\_  
Month/Day/Year



Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(Student) Last First MI

DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Month/Day/Year 09-10 year

Address \_\_\_\_\_  
Street City State Zip


Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_


E-mail \_\_\_\_\_

### 2009-2010 Class Information


MONDAY	
STUDIO I	STUDIO II
	<input type="checkbox"/> 1:30-2:30 Intro to Dance
<input type="checkbox"/> 4:30-6:00 Ballet 2A	<input type="checkbox"/> 4:30-5:30 Tap 1
<input type="checkbox"/> 6:00-7:00 Ballet 2	
<input type="checkbox"/> 7:00-8:00 Beg Adult Ballet	

TUESDAY	
STUDIO I	STUDIO II
<input type="checkbox"/> 9:30-10:15 Mommy & Me*	*Mommy & Me Semester 2: 1/26-3/30
<input type="checkbox"/> 10:30-11:30 Intro to Dance	
<input type="checkbox"/> 4:30-5:30 Ballet 1A	<input type="checkbox"/> 4:30-5:30 Tap 2
<input type="checkbox"/> 5:30-7:00 Adv Pointe	<input type="checkbox"/> 5:30-6:30 Jazz 2
<input type="checkbox"/> 7:00-8:00 Adult Character	<input type="checkbox"/> 6:30-7:30 Tap 1A
	<input type="checkbox"/> 7:30-8:00 Adv Tap
	<input type="checkbox"/> 8:00-9:00 Teen/Adult Jazz

WEDNESDAY	
STUDIO I	STUDIO II
	<input type="checkbox"/> 1:30-2:30 Intro to Dance
<input type="checkbox"/> 4:00-6:00 Int/Adv Ballet	
<input type="checkbox"/> 6:00-7:00 Adv Character	<input type="checkbox"/> 6:00-7:00 Ballet 1
<input type="checkbox"/> 7:00-8:30 Int Adult/Teen Ballet	

THURSDAY	
STUDIO I	STUDIO II
	
<input type="checkbox"/> 4:30-5:30 Character 1	<input type="checkbox"/> 4:30-5:30 Ballet 1A
<input type="checkbox"/> 5:30-6:30 Beg Pointe/Pre-Pointe	<input type="checkbox"/> 5:30-7:00 Ballet 2/2A
<input type="checkbox"/> 6:30-8:00 Int/Adv Ballet	<input type="checkbox"/> 7:00-8:00 Beg Teen Ballet
<input type="checkbox"/> 8:00-9:00 Contemp/Lyrical	

FRIDAY	
STUDIO I	STUDIO II
<input type="checkbox"/> 9:30-10:15 Mommy & Me**	**Mommy & Me Semester 2: 1/29-4/2
<input type="checkbox"/> 10:30-11:30 Adult Ballet	
<input type="checkbox"/> 4:00-6:00 Int/Adv Ballet	<input type="checkbox"/> 5:30-6:30 Ballet 1

SATURDAY	
STUDIO I	STUDIO II
	<input type="checkbox"/> 9:30-10:30 Tap/Jazz Combo
<input type="checkbox"/> 10:30-11:30 Pre-Ballet	<input type="checkbox"/> 10:30-11:30 Jazz 1
	<input type="checkbox"/> 11:30-12:30 Tap 1
<input type="checkbox"/> 12:00-1:30 Int/Adv Ballet (open to Int Adult)	<input type="checkbox"/> 12:30-2:00 Ballet 2A

Please mark the classes you are registering for.  
Classes begin Saturday, September 12, 2009

Previous Training?  Yes  No If yes, how long has student studied? \_\_\_\_\_

Where? \_\_\_\_\_

Would you like a scholarship application?  Yes  No

**Father/Guardian Info:**

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Occupation/Employer \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Mother/Guardian Info:**

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Occupation/Employer \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Emergency Contact Info:**

Name \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Cell/Other Phone \_\_\_\_\_  
 Relationship to Dancer \_\_\_\_\_

*Tuition Policies*

No exceptions

Tuition is calculated on the total number of class hours per week per family. The special Unlimited and Family Unlimited plan rates apply when taking 7 hours or more per week. Payment is due the first week of each month. **First month's tuition is due at the time of registration.** Reminder: Per class rate applies to visiting students. Any payments other than those described, must be approved by the director. Thank you.

Initial \_\_\_\_\_

**Refund Policy:** Registration and tuition fees are non-refundable. Refunds will only be given when *Virginia Regional Ballet Academy* cancels a class for the rest of the year.

Initial \_\_\_\_\_

**Late Fee Policy:** Payments are due by the 15<sup>th</sup> of each month prior to attending class. Any payment received after that date will be charged a \$5.00 late fee unless prior arrangements have been made with the office.

Initial \_\_\_\_\_

**Payment Methods:** Cash, check, VISA, MC, AmEx, and Discover are acceptable forms of payment.

Initial \_\_\_\_\_

**Class Changes:** All class changes must be submitted in writing to the office by the 1<sup>st</sup> of each month. The family is responsible for tuition until written notice of withdrawal from the class/academy is received.

Initial \_\_\_\_\_

*Virginia Regional Ballet Academy* has the right to remove any student from class and/or student performance if account payment arrangements are not kept.

I have read and agree to adhere to all *Virginia Regional Ballet Academy* policies.

\_\_\_\_\_  
 Dancer Signature Date

\_\_\_\_\_  
 Parent/Guardian Signature Date

**Registration & Tuition Fees**

\$30 for the 1<sup>st</sup> dancer, \$20 for each additional dancer in the same family.

*Tuition for 2009-2010 is based on a 37-week dance year.*

Hours/week	Tuition/month
1	\$50
1 1/2	\$63
2	\$75
2 1/2	\$85
3	\$95
3 1/2	\$105
4	\$115
4 1/2	\$125
5	\$135
5 1/2	\$145
6	\$150
6 1/2	\$155
7+	\$165 Individual Unlimited \$195 Family Unlimited
Mommy & Me Semester Rate: \$140	

*Medical Release*

I understand that *Virginia Regional Ballet Academy* will not be held responsible for any bodily injuries sustained while on the premises or for loss or damage to any personal items brought on the premises by students or their families. Each student/parent is responsible for notifying *Virginia Regional Ballet Academy* of any condition that may affect or limit the dancer during classes.

In the event of an emergency, I hereby give authority to *Virginia Regional Ballet Academy* to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

\_\_\_\_\_  
 Parent/Guardian Signature Date

*Photo Release*

I grant  I deny permission for my child to be photographed for the purpose of promoting and publicizing *Virginia Regional Ballet Academy*.

\_\_\_\_\_  
 Parent/Guardian Signature Date

