

THE BOX DANCE STUDIO

HOME OF THE HARTFEL BALLET

ENROLLMENT FORM

Fall 2008

Student Name: _____ Age at time of Enrollment: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ E-mail: _____

Parent/Legal Guardian/Emergency Contact: _____

Emergency Phone: Day (____) _____ Evening (____) _____

Birth Date: ____/____/____ Gender: _____ Height: _____ Weight: _____

Consecutive years of ballet training: _____ Are you on pointe? Yes _____ No _____ How Long? _____

Are there any allergies or physical/psychological conditions we should know about? If so please describe:

Personal Release

I am enrolling my child/self in class(es) at The Hartfel Foundation dba The Box Dance Studio dba The Hartfel Ballet. I hereby agree that I will not hold John Welch, The Box Dance Studio employees, The Hartfel Ballet, The Hartfel Foundation, or volunteers liable for any injury or illness, or for the loss or destruction of any personal property that may occur during or as a result of my or my child's enrollment and/or participation in any Hartfel Foundation class, rehearsal, or production.

Please Initial: _____

Media Release

I understand that photographers and/or television crews may sometimes be present photographing or filming Hartfel Foundation classes, rehearsals, coaching sessions, or presentations.

I give my permission for resulting photographs and/or television/film footage, which may include myself/my child to be used by The Hartfel Foundation for promotional purposes on television, newspapers, programs, magazines, or any other media.

Please Initial: _____

Please check this box if you do **not** want to receive mailings from the Hartfel Foundation (including The Box Dance Studio and The Hartfel Ballet). Your information, including email address, will never be sold or shared to outside parties.

Tuition is due the first lesson of each month. Holidays and Spring/Christmas break are factored in tuition totals. Class size is limited. A one-time registration fee of \$15 is due at the time this application is submitted. Admission is prioritized by seniority and date of paid registration. By signing I also acknowledge receipt of the "Terms and Conditions of Enrollment" and have read and understand the guidelines and rules governing my or my child's attendance.

(Student's Signature)

(Date)

(Parent/Guardian Signature)

(Date)

PLEASE CHOOSE YOUR CLASSES

Please return this form along with your enrollment form.

Please use the check boxes below to indicate the classes you or your child would like to attend for the fall session of 2008. See the class schedule for times and other information. If you are unsure of the level you or your child should enroll, if you have scheduling conflicts, or other concerns or questions about enrolling, please call us to discuss your options. (714) 925-9806. Classes begin August 16th!

STUDENT NAME (Please Print): _____

BALLET

Pre-Ballet

Ballet 1 (Ages 3-4) Friday Saturday
Ballet 2 (Ages 5-7) Tuesday Saturday

Pre-Elementary Ballet (Minimum 2 Ballet classes/week)

Level A (Ages 7-10)
Ballet Tuesday Thursday
Stretch&Strengthen Thursday
Level B (Ages 11-17)
Ballet Monday Wednesday
Stretch&Strengthen Thursday

Elementary Ballet (Minimum 2 Ballet classes/week)

Ballet Monday Wednesday
Stretch&Strengthen Thursday
Performance
Group! Friday Ask about the upcoming audition in September. Ages 11-18

OPEN CLASSES

Jazz

Beg./Int. (ages 8+) Thursday

Hip-Hop

Beginning (ages 8+) Tuesday

Ballet

Adult Beginning Saturday

Pilates Wednesday

Stretch&Strengthen Thursday

Performance Group! Friday Ask about the upcoming audition in September. Ages 11-18

Step In The Dark

Ballet Program for the Blind and Vision Impaired

Ballet Tuesday Thursday

Other

Please Describe (You may also use this space for comments/questions/concerns)

