

For Office Use Only
Date Received: _____
Processed by: _____

Los Pasitos: Early Childhood Program (Ages 2- 5) 2019 Registration Form

Student Information:

Last Name: _____ First Name: _____
Middle Initial: _____ Date of Birth: _____
Academic School: _____ Grade: _____
Gender: F M Prefer not to specify Prefer to specify: _____

Primary Parent/Guardian Information:

Full Name: _____ Relationship to Student: _____
Street Address: _____
City/State/Zip: _____ Apt. #: _____
E-mail: _____ Phone: _____
Date of Birth: _____ Preferred Language: _____
Employer: _____ Job Title: _____

**The School of Dance communicates important information regularly via e-mail. The e-mail above will be the primary contact.*

Emergency Contact Information:

Full Name: _____ Relationship to Student: _____
E-mail: _____ Phone Number: _____
Address: _____

How do you self-identify?

<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Hispanic (Specify Heritage) _____
<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Multiracial (Specify Heritage) _____
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other (Specify Heritage) _____
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Prefer not to specify

How did you hear about us?

<input type="checkbox"/> BH Website	<input type="checkbox"/> BH Performance: Where? _____
<input type="checkbox"/> BH Flyer/ Card	<input type="checkbox"/> Newspaper/ Magazine Ad: Where? _____
<input type="checkbox"/> BH E-mail	<input type="checkbox"/> BH Faculty/Staff/Student: Whom? _____
<input type="checkbox"/> Current/Returning Student	<input type="checkbox"/> Other: Specify: _____



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This form will help expedite the proper medical attention should your child need it.

Health Insurance Information:

Do you currently have health insurance: No Yes

Health Insurance Company: _____ Member ID #: _____

If you do not have health insurance, please fill out the following:

By not having health insurance for _____ we/I will assume all responsibility for payment(s) of medical treatment in an injury that occurs while the student is at Ballet Hispánico.

Parent/Guardian Print Name

Signature

Date

Medical Information

Primary Physician Information:

Hospital Preference: _____

Physician Name: _____ Office Number: _____

If any, Secondary Medical Provider: _____

Please list any medications the student takes on regular basis: _____

Please list any allergies the student may have: _____

Please list any physical or dance related problems the student has such as; an injury, bone, joint or muscular disorder: _____

Please provide us with information about any psychological or emotional matters which could affect the student's physical health, that staff should be made aware of: _____

Please list any reactions the student has had to medications and when:

Medication/Reaction

Date of Occurrence

Parent/Guardian Print Name

Signature

Date



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School Policies

PLEASE READ

All policies must be initialed in order for their registration to be completed.

AGE CUT OFF: Students must meet the class required age by November 1, 2019 in order to register. Our class curriculum is designed specifically for the ages listed in the class description. No exceptions will be made for students that do not meet the age requirement. Ballet Hispánico reserves the right to request proof of age as needed. _____ (Initial here)

STROLLERS: Due to space and safety regulations only foldable strollers can be accommodated in our facility. They can be folded and stored in the 1st floor family dressing room. Strollers which cannot be folded will have to be parked outside. _____ (Initial here)

LATE FEE: Payer is responsible for all payment dates regardless of whether an invoice is received. Fall & Spring payment plans are subject to a late payment fee of \$30, should payment not be received by the due date. Ballet Hispánico reserves the right to suspend student's participation until all financial obligations are satisfied. _____ (Initial here)

WITHDRAWALS: To withdraw a student, written notification MUST be submitted to the School Office by using the withdrawal form. The form can be completed either via email or in person. If a formal withdrawal is not submitted, parent/guardian is responsible for all tuition until the form has been received. Notification to the Instructor in any form is NOT sufficient. Payers are responsible for any unpaid balance at the time written notice is received. _____ (Initial here)

REFUNDS: Ballet Hispánico does not offer refunds. Any returned credit card transaction will incur a 3.5% fee to cover credit card processing cost. Returned checks will incur a \$35 fee. _____ (Initial here)

INCLEMENT WEATHER: The staff will make every effort to alert families of any class cancellations due to inclement weather prior to the start of the class via email and social media. There are NO refunds for cancellation due to weather. _____ (Initial here)

CLASS CANCELLATION: Ballet Hispánico reserves the right to cancel under-enrolled classes. In the event of inclement weather, Ballet Hispánico reserves the right to not hold classes. There are no make-up classes for any reason. _____ (Initial here)

WAIVER OF LIABILITY: I, on behalf of myself and Student, and for Student's executors and administrators, do hereby waive any and all claims, and indemnify, hold harmless and defend Ballet Hispánico of New York, its directors, officers, agents, and employees from all liability, loss, or expense, including reasonable legal expenses, which may occur from any cause whatsoever during or arising from Student's participation in classes, including any injury to Student or Student's guests, or any damage, loss, or theft to Student's property or Student's guests' property, except in cases of willful negligence or gross misconduct by Ballet Hispánico of New York or its employees. _____ (Initial here)

CERTIFICATION OF PHYSICAL CONDITION AND MEDICAL CONSENT: I, on behalf of Student, hereby certify that Student is reasonably suited to participate in dance classes and Student does not have any impairment that would adversely affect Student's participation in the classes. I understand that Ballet Hispánico staff will attempt to contact me or the Emergency Contact should Student require medical attention while at Ballet Hispánico. If I/we cannot be reached, I hereby authorize Ballet Hispánico staff to arrange for treatment as necessary. _____ (Initial here)

FILM AND PHOTOGRAPHY RELEASE: I, on behalf of Student, grant Ballet Hispánico and its agents or employees the right and permission to record and photograph my child, and consent to and authorize the use and reproduction by Ballet Hispánico of any and all photographs, recordings, videotapes, and/or other reproductions of likenesses of the Student's person or characteristics ("reproductions") for any purpose whatsoever, without compensation to the Student and without notification to me. All reproductions shall be the property of Ballet Hispánico, solely and completely. Further, I assign and release all rights to said reproductions and authorize Ballet Hispánico, or others authorized by them, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part over or in any medium whatsoever, including, without implied limitation, newsletters, radio, newspapers, film, cable, television, and digital media, without compensation, in perpetuity. I also release and agree to hold harmless the producers or any persons or entities acting under their permission or authority from any liability arising from use of said reproductions. _____ (Initial here)

PHOTO REQUIREMENT: First time registrants will need to submit an image of their child to upload into our secure system for security purposes. All photos are to be submitted by via email to the school. (school@ballethispanic.org) _____ (Initial here)

I confirm that I have read this form and agree to abide by the policies and procedures listed herein.

Parent/Guardian Print Name

Signature

Date



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Early Childhood Program (Ages 2-5)

Programs are filled on a first come, first serve basis; please check on the program availability with the School Office. Then select your program from one of the options below.

Payment Options					
All plans represent a commitment to the entire School Year program (9/16/19-6/12/19)					
Program	Frequency	Annual	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
Los Pasitos	1 class/week	\$1,080.00	<input type="checkbox"/>	\$270.00	<input type="checkbox"/>
	2 classes/week	\$2,160.00	<input type="checkbox"/>	\$540.00	<input type="checkbox"/>
	3 classes/week	\$3,240.00	<input type="checkbox"/>	\$810.00	<input type="checkbox"/>

Student Name: _____

Program Selection

Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____

- **Registration Begins:** June 13, 2019.
- **Early Bird Discount is available until August 16, 2019.**
- **Annual Payments are due upon registration**
- Please note, quarterly payments does not equate to an automatic payment plan. If you are intrested in an automatic payment plan please fill out page 5 of this application.
- Quarterly Payments are as follows:
 - 1st payment due upon registration
 - 2nd payment due Tuesday, November 5, 2019
 - 3rd payment due Tuesday, January 21, 2020
 - 4th payment due Tuesday, March 17, 2020

Late payment incurs a \$30.00 late fee. All balances are to be paid in full by Tuesday, March 17, 2020.

I confirm that I have read and understood the above tuition and payment schedule.

Parent/Guardian Print Name

Signature

Date

For Office Use Only

New Student

Returning Student

Registration Paid

Tuition: \$ _____

Need Based Aid: \$ _____

Merit: \$ _____

Total Received: \$ _____

Balance Due: \$ _____

Reviewed by

Date

Applied by

Date



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Credit Card or Checking/Saving Account Automatic Bill Pay Authorization Form

Schedule your payment to be automatically deducted from your Credit Card, Checking or Savings account. Please complete and sign this form to get started!

Please complete the information below: Please Print Clearly

I, _____ authorize Ballet Hispánico of New York, Inc. to charge my bank account for

Parent/Guardian Name

_____ based on one (1) of the following options:

Child's Name

Tuition in Full

Non-Refundable Deposit Only

One-Time Payment of: \$ _____

Automatic Payment of: \$ _____ on _____ of each:

Day of the week/ Date
(Circle one)

(Select one)

- weekly
- bi-weekly
- monthly

until the balance of tuition is paid off.

Please note, all balances are to be paid in full by Tuesday, March 17, 2020.

Billing Address _____ City, State, Zip _____

Email _____ Phone # _____

Account Type: (please choose one)

Credit/Debit Card

Savings

Checkings

Name on Account _____

Credit Card # _____

Exp. Date _____

Sec Code _____

Bank Name _____

Bank City/State _____

Account Routing # _____

Bank Routing # _____

If the above noted payment falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Ballet Hispánico of New York, Inc may at its discretion attempt to process the charge again within 2 days and agree to an additional \$25.00 charge for each attempt NSF which will be initiated as a separate transaction from the authorization recurring payment. I acknowledge that the origination of ACH transaction to my account must comply with provision of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Parent/Guardian Print Name

Signature

Date

Received by: _____ Date: _____ Program: _____ Scheduled by: _____ Date: _____



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2019 Los Pasitos Registration

Financial Aid

Ballet Hispánico provides limited financial aid support for families who are NY residents or already part of the Ballet Hispánico student body.

Applying for a scholarship? Please read the following FAQ's:

- **Financial Aid Application Deadline: Friday, November 1, 2019.**
- For submissions after this date, any remaining funds will be distributed on a first come first serve basis.
- **The financial aid award is for a full school year commitment (Monday, September 16, 2019 thru Friday, June 12, 2020)**

What steps do I have to apply for a Need Based Scholarship?

- If you are interested in applying for a Need Based Scholarship, please stop by the School of Dance office or email school@ballethispanico.org to receive a scholarship application.
- Submit your application to the School of Dance office, attaching a completed registration form, your 2018 or 2019 IRS 1040 Tax Return forms and a completed financial aid application part I and II.
- All families are encouraged to put down an initial payment for the class to ensure your child's spot within a particular class and program.
- The scholarship award is only available to those enrolled in the full program.

What does being part of the Need Based Scholarship Program entail and what can affect my child's financial aid?

- A student's performance, preparedness, conduct and excessive lateness and/or absences can affect their financial aid.
- All families are required to volunteer in more than 1 of our special events that take place within our organization. After receiving your financial aid amount, you will receive a scholarship agreement in which you can sign up for your volunteer hours.
- Families will receive the agreement that must be signed, dated and returned 2 weeks after receiving notification. **Please keep a copy of your email and agreement for your records.**

When will I receive my results?

- All applicants will receive a notification via email from school@ballethispanico.org stating their award results approximately 3-4 weeks after applying. (Please allow a minimum of 3 weeks for processing.)

Advisory Notes:

- Incomplete applications will not be processed. Applications are not considered complete unless all necessary materials, listed in the check list below, are submitted together.
- All scholarships are applied to your account once the scholarship agreement and first quarterly payment has been received.
- Please note you are responsible for any of remaining balances once the scholarship has been applied.
- **If you withdraw from the program at any point of the school year, you forfeit your scholarship and you will be financially responsible for the scholarship funds used to date as well as any tuition owed.**

Financial Aid Checklist

- Completed Registration Form
- Completed Financial Aid Applications (Parts I and II)
- 2018 or 2019 IRS 1040 Tax Returns



2019 Los Pasitos Registration Financial Aid Part I

Please sign and date this form and return to the address below.

You must include a copy of your 2017 or 2018 IRS 1040 or 1040 EZ Tax Return Forms for each person listed in "Household Income" above. Return to: Ballet Hispánico (167 West 89 Street, New York, NY 10024)

Please print all information.

Student Information:

Last Name: _____ First Name: _____

Previous Scholarships: Please list all previous merit or need-based scholarships granted by Ballet Hispánico or other dance schools.

School Name	Amount of Scholarship	Year(s) Scholarship Awarded
	\$	
	\$	
	\$	

Household Income: Please list all persons, related and non-related, who live in the household and share living expenses.

Name	Current Employer	Occupation and Title	Total Income reported on IRS 1040
			\$
			\$
			\$

Additional annual income from other sources: \$ _____

Amount able to contribute toward tuition: \$ _____

Dependent Children: Please list all dependents living in the household or living outside your home, and indicate the amount of financial assistance received each year from extra-familial sources.

Child's Name	Age	School	Amount of Financial Assistance
			\$
			\$
			\$

Please note, if you withdraw from the program at any point of the school year, you forfeit your scholarship and you will be financially responsible for the scholarship funds used to date as well as any tuition owed.

Certification: I certify that all of the information provided is true and that all household income is reported. I understand that incomplete information will hinder the scholarship process for my child. I understand that the information contained in this application will be kept confidential by Ballet Hispánico.

Parent/Guardian Print Name

Signature

Date

