

In Grandma's Attic Summer 2010: Ballet & Yoga in Washington Hts for Ages 2 - 8

SUMMER SESSION:

June 14 - August 21, 2010

2009 CLASS SCHEDULE:

Faculty: Deborah Bailay, Angie Blocher

<u>Class</u>	<u>Level</u>	<u>Age</u>	<u>Day</u>	<u>Time</u>	<u>Location</u>
Budding Ballerina	Level I/II	2 - 3	Tuesdays	4:50 -5:30 p.m.	CRCV
Fairies & Fantasy	Level I/II	4 - 6	Tuesdays	4:00 - 4:45 p.m.	CRCV
The Curious Yoga Way	All Levels	3 - 5	Thursdays	4:50 - 5:30 p.m.	CRCV
The Curious Yoga Way	All Levels	6 - 8	Thursdays	4:00 - 4:45 p.m.	CRCV

TUITION:

June 14 - August 21, 2010

		Returning Students	New Students <small>*Tuition calculations includes a One-Time New Student Registration Fee.)</small>
All Student Processing Fee		\$17.00	\$17.00
Ballet Class	40 - 45 min.	\$278.00	\$318.00*
Yoga Class	40 - 45 min.	\$220.00	\$260.00*
Two Classes Discount		\$473.00	\$513.00*
Trial Class Fee for Ballet	40 - 45 min.	\$29.00	
Trial Class Fee for Yoga	40 - 45 min.	\$24.00	

PLEASE NOTE: Schedules, faculty & location subject to change. Tuition, processing and registration fees are non-refundable. There is no credit given for classes missed. Classes may be made up only within the session they were missed. Make-up classes may not be applied or extended into the next session. Please call ahead to arrange for all make-up classes.

ATTIRE:

Ballet - Light pink leotards, pink ballet slippers, and white anklet socks.
Yoga - Loose, comfortable clothing

LOCATION:

Community Room, Castle Village (CRCV), 110 Cabrini Boulevard. Please use back entrance.

REGISTRATION: To sign up, please complete the attached registration form and return with your payment to In Grandma's Attic, P.O. Box 230694, NY, NY 10023.

QUESTIONS: For questions, please leave a message at **voicemail #212-726-2362** and Miss Bailay

Voicemail 212 – 726 - 2362

In Grandma's Attic

Voicemail 212 – 726 – 2362

SUMMER SESSION 2010 REGISTRATION:

June 14th, 2010 – August 21st, 2010

Child's Name _____ Birthdate _____ Age _____

Parent Names _____ Occupation _____

Caregiver Name(s) _____

Address _____

Telephone (day) _____ (evening) _____

Email _____ Drug/Food Allergies _____

Emergency Contact Name _____ Telephone _____

Child's Physician Name _____ Telephone _____

Child's Academic School _____ Prior Dance Training _____

1st Choice: _____ 2nd Choice: _____
Class or Workshop/ Level _____ Class or Workshop/Level _____

Day _____ Time _____ Day _____ Time _____

Location _____ Location _____

Workshop Dates _____ Workshop Dates _____

Workshop Weeks: June 14-18; June 21-25; June 28-July 2; July 5-9; July 12-16;
(Circle dates of choice) July 19-23; July 26-30; August 2-6; August 9-13; August 16- 20

Tuition Due : \$ _____
Registration &/or Processing Fee(s): \$ 17.00

Total Payment: \$ _____ amount enclosed

PLEASE NOTE THE FOLLOWING POLICIES:

- Make checks payable to **In Grandma's Attic**.
- Submit registration and payment by mail to: **In Grandma's Attic, P.O. Box 230694, NYC, NY 10023**
- **Include a Self Addressed Stamped Envelope** for registration confirmation. Otherwise no confirmation will be given.
- Registration is considered incomplete without parent/guardian's signature below.
- Registration is accepted by mail **ONLY**. In-person registration at class will **NOT** be accepted.
- **Reservations for registration may be made** by sending an email message to grandma@ingrandmasattic.com or calling the voicemail # below. **RESERVATIONS ARE ONLY VALID FOR SEVEN DAYS**. If after seven days, both your completed registration form and payment have not been received by mail, your reservation for registration will be cancelled.
- **Tuition and registration fees are non-refundable. There is no credit given for classes missed. Classes may be made up only within the session they were missed. Make-up classes may not be applied or extended into the next session. There is no credit given for workshops missed. If, however, you have cancelled your space SEVEN days or more prior to the day of the workshop, you will receive full payment returned.**

RELEASE OF LIABILITY: I, as the legal parent or guardian of the above student, have read the school policy information, authorize my child's enrollment in the above class(es)/program and release Deborah Bailay, her contractors and employees of **In Grandma's Attic** of liability due to personal injury or loss of property.

Signature of Parent/LegalGuardian _____ Date _____

Questions? Leave a message on our Voicemail # 212-726-2362 or visit our Website at www.ingrandmasattic.com